DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a farter death. Page 6 may be retained by the host TO THE FUNE ALL DIRECTORS After this certificate has been signed by the attending physician and completely. Locd in by the funeral director of be detached finely from the field within 2 hours aft. death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner is the minimal at once.
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FEB 08 1990

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT (ERTIFICATE	OF DEATH AND I	MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	/	napha	/	2. DATE OF DEATH MONTH D	1	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 243 - 07-3713	5. SEX 6. AGE (In yrs. less		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign Mary) RTh ARDINA	
OR	9a. FACILITY NAME (If not institution, give at	alver Stre	et BA	H MORE	e City	9c. COUNTY OF	DEATH	
DIRECTOR	100 STATE 10b. COUNTY		10c. effy, TOWN OR	MORE.			10d. INSIDE CITY LINTS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER	Ner Str	Reet	101. ZIP CODE 2/22	9	10g. CITIZEN OF	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF IF YES, GIVE WAR OR DATES	NO If y	S DECENDENT OF HISPAN es, specify Cultan, Mexica YES 2 NO Specify	n, Puerto Rican, atc.)		CE — American Indian,	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION (G completed) (G College (1-4 or 5+)	ECEDENT'S USUAL OCCI live kind of work done dun NOT use retired.)	UPATION ing most of working	186. KIND OF BU	SINESS/INDUSTRY	Can Co.	
E CON	17. FATHER'S NAME (First, Middle, Lest)	Why		18. MOTHER'S NA	ME (First, Middle, Maiden M E	Surname)		
À	AMES V	MARTIN 1	b. MAILING ADDRESS (S	CALVER	Route Number, City of Tow	to M	121229	
3	20c. METHOD OF DISPOSITION 1 Disposition 8 Other (Specify) 20c. PLACE OF DISPOSITION (Name of cometery, cregnetory or other place) 20c. PLACE OF DISPOSITION (Name of cometery, cregnetory or other place) 20c. PLACE OF DISPOSITION (Name of cometery, cregnetory or other place) 20c. PLACE OF DISPOSITION (Name of cometery, cregnetory or other place)							
	21. SIGNATURE OF FUNERAL SERVICE LIC	dans		ME AND ADDRESS OF FA	gury Jo	nes, J/	FHPA	
	23. PART i. Enter the diseases, or o shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on such line	Dec	a mode of dying, such; tus			Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):					
MEDICAL	PART II. Other significant condition	contributing to death but not		eriying cause given in	DEDEO	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN:	25. WAS CASE REFERRED TO MEDICAL, EXAMINER?	HOSPITAL:	L OTHER	26. PLACE OF DEATH (Cr	neck only one)			
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28d. DATE OF INJURY WORK? 28d. DESCRIBE HOW INJURY OCCURED WORK?						
ED BY	2 Accident Investigation 28s. PLACE OF INJURY — At home, ferm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number of Rural Route Number or Rural Rou							
COMPLETED	(Orlook Orli)	CIAN: To the beat of my knowledge, d					e(e) end menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	-		29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Mar)	
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITI	EM 27) (Type, Print)	IN. R.	11: ~	DJ:	Raps	

FOR STATE REGISTRAR

DHMH-16 Rev 1/89

1 1	CLARENCE	М.		MINNIC	איר	2-5-9	DAY	VEAD	11:54AM M
		. AGE (In yrs. lest t		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH	B. BIRTHPL	ACE (State or Foreign
	214-16-7790 ¹⊠м²□F	69	YRS.			8-2-1			NSYLVANIA
0.	9a. FACILITY NAME (If not institution, give street and number)		9b.		OR LOCATION OF DE		9c. COU	NTY OF DEAT	TH
5	1532 Eastern Avenue			Balt	imore Ci	†y		-	
DIRECTOR	10a. STATE 10b. COUNTY			WN OR LOCA				100	d. INSIDE CITY
	MARYLAND BALTIMORE 10s. STREET AND NUMBER		BA		RE CITY	<u></u>	I		YES 2 NO
FUNERAL	1532 EASTERN AVENUE			10	2 1 2	231	10g. CITI	U.S	A .
B	11. MARITAL STATUS 1 Never Married A Married 3 Wildowed 4 Divorced 12. Was DECEDENT I FORCES? 1 FYES, GIVE WAF		ED)	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexical 2 Z NO Specify	n, Puerto Rican, e		14. RACE — Black, V Specify:	American Indian, thita, atc. WHITE
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(GM		done during mo		16b. KIND	OF BUSINESS/INC	USTRY	
COMPLETED	6TH GRADE College (1-4 or 5+)			HEATE	R	BET	HLEHEM	STEE	L SHIPYAR
6 ш	17. FATHER'S NAME (First, Middle, Last) CHARLES M. MINNICK				18. MOTHER'S NAI		Maiden Sumame) M. WOOI	LFREY	
2	19a. INFORMANT'S NAME (Type/Print) MARY M. MINNICK				and Number or Rural F				21231 LAND
	20a METHOD OF DISPOSITION 1 1 Suriel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify)	20b. PLACE Of Other place BEL 7	F DISPOSITIO	N (Name of ce	metery, crematory or $2-9-199$	90	BEL AII		, State RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME A	ND ADDRESS OF FA	CILITY			
CABINITION	Doon P. Coord	In	_						MD 21222
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Chronic obstructive pulmonary disease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
SERTIFI	that initiated events resulting in death) LAST	OR AS A CONSEQU	UENCE OF):						
A A	PART ii. Other significant conditions contributing to d	eath but not re	sulting in t	ha underiyir	g cause given in		MAS AN AUTOPSY PERFORMED?		ERE AUTOPSY FINDINGS
MEDICAL	CROHN's DISEASE					10	YES KM NO	0	OMPLETION OF CAUSE F DEATH?
						— INS	SPECTION		□ YES XXXO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:				LACE OF DEATH (Ch	eck only one)			
YSICIAN	YES 2 NO 1 Inpetient 2		DOA 4		me XX Residence				
BY PHYSICIAN	27. MANNER OF DEATH XXXIntural 5 Pending Investigation 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 1 YES 2 NO								
TED	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.								
BE	29b. WHATURE AND TITLE OF CERTIFIER	J.			29c. LICENSE NUI	MBER	29d. DAT	2-6-9	forith, Day, Year)
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, Pri	nt)	1	-			
	MARGARITA A. KORELL,MD		1	11 Per	n Street	,Baltim	ore,MD	21201	VC
	FFR () 8 1990 Seeking Jarridson	Randa 22							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-yours after death. Provide many many and by the hospital provided within 25-yours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions and detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for the within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injur	

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.
I'S NAME (First, Middle, Last)	Clara L. Neff	2. DATE OF DEATH

	FOR STATE OF MARYL STATE OF MARYL		ENT OF HEALTH AND ME	ENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Clara I	Noff 2	DATE OF DEATH	3. TIME OF DEATH			
ľ	NEFF BACLARA	Olara 1	, Mell	MONTH 7 0AY 9	0 4.21 Pm			
		In yrs. lest birthday) IF U		DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)			
	218-36-8071 1 M 2 DF	38 YRS.	CITY, TOWN OR LOCATION OF DEAT	9-18-1901	Arkansas			
OB	Harbor Hospital Center		altimore Cit					
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c, CITY, TO	VN OR LOCATION		10d. INSIDE CITY			
E	Maryland =====		imore		LIMITS?			
ادِ	10e. STREET AND NUMBER	Dar	10f. ZIP CODE	10g. CI	ITIZEN OF WHAT COUNTRY?			
ER/	3808 Fifth Street		21225		U.S.A.			
S	11, MARITAL STATUS 12. WAS DECEDENT EVER II		13. WAS DECENDENT OF HISPANIC		14. RACE — American Indian,			
	1 Never Married 2 Married FORCES? 1 YES		If yes, specify Cuban, Maxican, I 1 YES 2 NO Specify:	Puarto Rican, atc.)	Black, White, atc. Specify:			
ВУ	3 X Widowed 4 Divorced				White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUA (Give kind of work of Ille. Do NOT use retir	one during most of working	16b. KIND OF BUSINESS/II	NOUSTRY			
9	Elementary/Secondary (0-12) College (1-4 or 5+)		,	II. Marie Mari				
MP	6th Grade	House		Home Mal				
	17. FATHER'S NAME (First, Middle, Last)			(First, Middle, Maiden Surname))			
BE	Joseph Fiori	10h MAH ING ADD	Amelia RESS (Street and Number or Rural Rou		Zin Code)			
2	Margaret R. Neff	C. C	fth Street					
			I (Name of cemetery, crematory or		aryland 21225 — City or Town, Stata			
	1 N Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Holy Cross			ore, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSER	22. NAME AND ADDRESS OF FACIL	YTY					
	George J. Gonce Funeral Home P.							
_	23. PART I. Enter the diseases or complications that cause		4001 Ritchie I	Hwy. Baltimor	re, Md. 21225			
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF): A CONSEQUENCE OF):	neumonia moltorix les Shech.	-li Ade-	interval Between Onset and Deeth			
ERTIF	that initiated events resulting in deeth) LAST d.							
AL C	PART II. Other significant conditions contributing to death to	out not resulting in th	e underlying cause given in Pa	art I. 24s. WAS AN AUTOPS				
PHYSICIAN: MEDICA	multiple Cerebravancelan Información Alarcal Primilla	dien Si	de Sinus	PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH (Check	conty one)				
Sic	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Out		HER: Nursing Home 5 - Residence 8	Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending / 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT 2 WORK? 1 YES 2 NO	8d. OESCRIBE HOW INJURY O	OCCURED			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 6 Homicide 1 Hom							
	An. Complete							
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of my known one)							
O I	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMB	ER 29d. D	ATE SIGNED (Month, Day, Year)			
TO BE	Gogandor P. Mehl	m			217190			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, Print	1	SPITM CON	a Dartin Ar			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	NATURE	TIME TIME	TO THE TENT	MO			
- 1	FEB 08 1990 Subject Davidson Bar				2121			

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FOR

BALLIMORE, MARY	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 yours after death. Page 6 may be a property or the Hospital Control of the contr	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, paging amount	1	IMPORTANT: It is marked or item 23 shows any injury or other traumatic event the medical examiner must be been
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6	ithin .	letely	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	nt. 1
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	JR AT	MRECT	ours a	2
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) OVAL HTA POEMY	TIME OF DEATH
		ACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8c. COUNTY OF DEATH	тн
DIRECTOR	ma D	od. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WH	AT COUNTRY?
FUNERAL	1 Never Merried 2 Merried FORCES? 1 YES 2 100 If yes, specify Cuben, Mexican, Puerto Ricen, stc.) Black, V	- American Indian, White, etc.
ED BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 DATO Specify: Spe	9CK
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)	
8	17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Melden Sumeme)	- 0
1	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Flourie Number. City or Town. State. Zio Code)	R
P	MILLARED BAKER 335 E ZNISE BALTO MOS	21218
	20s. METHOD OF DISPOSITION 1 Definite 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or sheep place)	n, State
	4 Daneton 5 Other (Specify) NEW CATHOARDS CEM BASTO N	5
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY	
	VOSERG & RUSS 2222 W. NORTH AVE 2/21	6
	23. PART i. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.	Approximata Interval Between
	IMMEDIATE CAUSE (Final	Onset and Death
	disease or condition e. Gustric Carcinoma	
	DUE TO (OR AS A CONSEQUENCE OF):	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. W	
- 0	PERFORMED?	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDI	1	YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
YSICI	EXAMINER? 1 YES 2 NO THER: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 280. DATE OF INJURY 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED 1 YES 2 NO	
TED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)	rte Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) as	and menner as stated.
B	290. SIGNATURE AND TO OF CERTIFIER 290. LICENSE NUMBER 290. DATE SIGNED (A	Horsth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED ANDSE OF DEATH (ITEM 27) (Type, Print) FERNANDO FERRO 301 St. Paul Place Bulto, Md 21202	
	31. DATE FILED (MONDY OFF MON) SELECTION OF MONOY SELECTION OF M	

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral din be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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	1 - FOR STATE OF MAR	YLAND / DEPARTM CERTIFIC			MENTAL HYGIEN	E		
1. DFCEDENT'S NAME (First, Middle, Le-1) 2. QATE OF DEATH							3. TIME OF DEATH	
	Dorothy N. Perkins				MANTH D		0 877 Au	
		AGE (In yrs. last birthday) IF	FUNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	90	PLACE (State or Foreign	
	213-14-0932 female,	69 YRS. MO	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		ountry)	
	9e. FACILITY NAME (If not institution, give street and number)		b. CITY, TOWN OF	R LOCATION OF DE	8/4/20 ATH	9c. COUNTY C	laryland	
œ	The state of the s							
읽	Francis Scott Key Medic	cal Center	BATI	imore				
DIRECTOR	10a. STATE 10b. COUNTY		OWN OR LOCATI				10d. INSIDE CITY LIMITS?	
吉	MD	Bal	timore	2			X X YES 2 NO	
A	10e. STREET AND NUMBER	_	101.	ZIP CODE		10g. CITIZEN	OF WNAT COUNTRY?	
FUNERAL	3701 Center Place		2	21224		USA		
5	11. MARITAL STATUS 12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARMED			IC ORIGIN? (Specify Yes	or No- 14. F	IACE — American Indian, Black, White, etc.	
ВУ	1 Never Married 2 Married IF YES, GIVE WAR (OR DATES		2 X NO Specify		. 5	Specify:	
	C. C	The same and same					ite	
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	k done durina mos		18b. KINO OF BU	SINESS/INDUSTF	TY .	
۳	Elementary/Secondary (0-12) College (1-4 or 5+)		-		,			
Z	unkhown	homema	ker	Parameter Prob	own h			
	17. FATHER'S NAME (First, Middle, Last) Theodore J. Hewitt				ME (First, Middle, Maiden	Surname)		
8				Myrtle				
2	Dorothy O. Perkins				Toute Number, City or Tow			
)					e/Balto.			
-	20a. METHOD OF DISPOSITION Y Burial 2 Cremation 3 Removal from Stale	Gardens	of Fai	etery, crematory or + h		CATION City of		
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	dardens		D ADDRESS OF FAC		ltimor	e, MD	
	121-0/111		an-Ashton Funeral Home, Inc.					
	I was bloken		3000	F. Ral	timore S	t/R_21t	MD 21224	
	23. PART I. Enter the diseases, or complications that ca shock, or heart failure. List only one cause						Approximats Interval Between	
	IMMEDIATE CAUSE (Final							
	disease or condition							
	DUE TO (OR AS A CONSEQUENCE OF):							
Z	disease or condition							
CERTIFICATION								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury							
불	that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):						
5	d							
AL O	PART II. Other significant conditions contributing to dec	ath but not resulting in t	the underlying	csuse given in			24b. WERE AUTOPSY FINDINGS	
	CANDAL READ FOLLUNG						AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Diabetes Nollins	_					OF DEATH?	
2	Classis reduction				_		. L. izo zwo	
AN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Ch	eck only one)			
PHYSICIAN: MEDIC	EXAMINER? 1 YES 1 NO 1 Inpetient 2 ER		THER:	6 Beeldence	6 Other (Specify)			
H	27. MANNER OF GEATH 28s. DATE OF INJ	URY 285. TIME C	OF 28c. INJU		28d. DESCRIBE HOW	INJURY OCCURE	D	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	JURY — At home, farm, stre				281. LOCATION (Street and Number or Rural Route Number,		
	3 Suicide 8 Could not be determined building, atc. (Specify) City or Town, State)						,	
	29a. CERTIFIER (Charle colu. (Char							
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of examiner						use(s) and manner se stated	
8		metion and/or investigation,	iii iiiy opiinon, u		E MONTE !			
BE	29b. SIGNATIFIE AND TITLE OF PERTIFIER			1 P1	MBER	N . 1.	MED (Month, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	E OFATH ATEN OF CE	w(mt)	V 50 CO		4/6	110	
	Christopher K, McQuit	ty MD	Fa	neis S	cott Ke	, Me	dica (Certer	
11 PAPE FILED (Nohr), Day, Your) 12 REGISTRAR'S SIGNATURE 12 REGISTRAR'S SIGNATURE 12 Davidson-Rondon								

1 1 November 1

100

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be ret TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be net	Te.	22	필
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mous after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, ps be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must it	2	90	9
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	2	21	2

	FOR 1 - STATE REGISTRAR	STATE OF MAR			TMENT OF I			IENTAL HYGIEN REG. NO			
	1. DECEOENT'S NAME (First, Middle, Last)	muel	Tob	ias	Phil	lips		2. DATE OF DEATH MONTH 2-2-90	AY YE	3. TIME OF DEATH 7:05AM M	
		5. SEX 6. A	AGE (In yrs. lest	birthday) YRS.	IF UNDER t YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	. (BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give stre				9b. CITY, TOWN	OR LOCATION	ON OF DEA	05/01/3	9c. COUNTY	st Virginia	
DIRECTOR	421 S. Payson St.	reet					e Cit			-	
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
	Maryland 10e. STREET AND NUMBER		_		10	Ba		more	10a. CITIZEN	1 X YES 2 NO OF WHAT COUNTRY?	
FUNERAL	421 S. Payson S					2 98 10		223		USA	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1	YES 2 N	MED O	If yes, ap	ecify Cuba	n, Mexican	C ORIGIN? (Specify Yas , Puarto Rican, etc.)	n or No— 14.	RACE — American Indian, Black, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR					Specify:			Specify: White	
ij	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(Gh	CEDENT'S ve kind of a Do NOT us	USUAL OCCUPATI work done during me se retired.)	ON ast of working	ng	16b. KIND OF BU	SINESS/INDUST	TRY	
COMPLETED	Elementery/Secondary (0-12) 8th	College (1-4 or 5 +)			chanic			Aut	omoti	ve	
8	17. FATHER'S NAME (First, Middle, Last)	• •						ME (First, Middle, Maiden			
BE	Wallace D. Pl	nillips	196	MAILING	AOORESS /Street			e M. Ros		de l	
임	Edith D. Wile	ŠΛ	2		e interest acres			Baltimo			
,	20a, METHOD OF DISPOSITION 1		other pla	OF DISPO	SITION (Name of ce	metery, crer	natory or	20c. LO	CATION — City	or Town, State	
4 Donestion 5 Dother (Specify) Meadowridge Memorial 21. SIGNATURE OF FUNERAL SERVICE LIQUESSES OF FA								IKrla	ge. MD		
	+ serge c	31 - 3 3	1					eral Hom			
	George E. N 23. PART I. Enter the diseases, pr co		used the de	ath. Do						O. MD 21228	
	shock, or heart fellure. Li IMMEDIATE CAUSE (Finel					•	•		•	Interval Between Onset and Death	
	disease or condition										
	DUE TO (OR AS A CONSEQUENCE OF):										
lo I	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	DUENCE O	F):						
<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	QUE TO (OR	AS A CONSEC	DIENCE O	en.						
CERTIFICATION	that initiated eventa reaulting in deeth) LAST				. ,.						
C	PART II. Other aignificant conditions	contributing to de	ath but not re	eauiting	in the underlyin	g cause	given in F	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
er 1								PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDIC										XXIX YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:			ck only one)			
HYS	YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 EF	URY	28b. TIN	E OF 28c. IN	JURY AT	esidenca	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	EO	
ВУ Р	XXXXIstural 5 Pending Investigation	(Month, Day, 1	(bar)	IN.		YES 2	□ NO				
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Rural Route Number,				
ZE	29e. CERTIFIER 1 CERTIFYING PHYSIC	knowledge, de	ath occur	red at the time, dat	and place	, end dua	to the cause(a) and ma	nner as stated.			
3 Suicides 8 Could not be detarmined building, atc. (Specify) 29e. CERTIFIER (Check only one) 3 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and one) 3 City or Town, St City or Town, S							time, date end place, a	nd due to the c	ause(a) and manner sa stated.		
BE	29b. SPHATURE AND TITLE OF CERTIFICE	elfrill)			29c. LIC	OCME		29d. OATE SIGNEO (Month, Day, Year) 2-2-90		
5	30. NAME AND ADDRESS OF PERSON WHO MARGARITA A. KORE		OF DEATH (ITE	M 27) (Type	, Print) 1 Penn	Stree	et,Ba	ltimore,M	21201	VC	
	31. OATE FILED (Month, Day, Year) FEB 0 8 1990	32. REGISTRAR'S	SIGNATURE	mole se					-, ,		

6, BALTIMPRE WARYLAND 21203-3146	s law requires that the death certificate be executed within a routs after death. The name intending physician.	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral members 5 nould be detached for use as the bunial-transit permit. Pages 1, 2, 3 should in 72 hours after death with the State Degr. of Health and Mental Hygiene prior to bunial, cremation, or removal.	went, the medical examiner mutation at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within smours after death. It	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral hin 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunial, cremation, or removal.	NT: It is a 28 is marked or Item 23 shows any injury, or other traumatic event, the medical examiner of the contract of the co

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO THE HOS TO THE FUNI De filed withi

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN'	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)	Edward	1 Qu	iNN	2. DATE OF OEATH	90	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 2/17-20-0/36	5. SEX 6. AGE (F UNDER 1 YEAR IF UNDER 24 HRS. HYTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	27 8. BIRTH	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give:	med Ce	nter.	BALLIMON	DEATH CITY	c. COUNTY OF O	ATH
	RESIDENCE OF DECEMENT 10a. STATE 10b. COUNT	γ	10c. CITY, 1	ONN OR LOCATION			10d. INSIDE CITY LIMITS3
	10e. STREET AND NUMBER	1F. 1.	15701	101. ZIP CODE		log. CITIZEN OF W	1 Z TES 2 NO
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVEB IN FORCES? 1 PYES	V U.S. ARMED	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi		No- 14. RACE Black	— American Indian, , White, etc.
	3 Wildowed 4 Divorced 15. DECEDENT'S EDU	IF YES, GIVE WAR OR DO	16a. DECEDENT'S US	1 TYES 2 NO Spe		B/	rck
	(Specify only highest grade	completed) Coflege (1-4 or 5+)		k done during most of working	IOU. KIND OF BUSIN	ESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Last)	NN		18. MOXHER'S	NAME (First, Middle, Meiden Su	mame)	
	(19a, INFORMANT'S NAME (Type/Print)	Hams	19b. MAILING AI	DDRESS (Street and Number or Run	al Route Number, City or Town	State, Zip Code)	120
	20a. METHOO OF OISPOSITION 1	noval from State	o. PLACE OF DISPOSIT other place)	- 1.7	1 20c. LOCA	TION — City or To	(
	21. SIGNATURE OF FUNERAL SERVICE LI		11001301	22. NAME AND ADDRESS OF	FACTURES FU	Neral	Home
1	23. PAIT I. Enter the diseases, Dr shock, or heart failure.	complications that caused List only one cause on a	d the death. Do not ach line.	antar the moda of dylng, si	uch as cardiac or respira	tory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPSI	5				20AX
	Sequentially list conditions,	TRACHE	CONSEQUENCE OF):	PHAGGOL PI	STULA		MOWAR
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. SOPH	CONSEQUENCE OF:	CANCER			4 MONTHS
	that initiated events resulting in death) LAST	d.	CONSEQUENCE OF):				
	PART II. Other algnificant condition	na contributing to death b	out not resulting in	tha undarlying cause given	In Part I. 24e. WAS AN AL PERFORM 1 YES 2 (ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
							OF DEATH? 1 □ YES 2 □ 110
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YES	HOSPITAL:		26. PLACE OF DEATH (OTHER: Nursing Nome 5 Residence			
	27. MANNER OF DEATN 1 Natural 5 Pending Investigation	28a, DATE OF INJURY (Mogth, Day, Year)	28b. TIME (OF 28c. INJURY AT	28d. DESCRIBE NOW INJ	URY OCCURED	
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building etc. (Spec	— At home, farm, streetly)	et, factory, office	281. LOCATION (Street and City or Town, State)	f Number or Flural F	loute Number,
	one) —			at the time, data and place, and d			and manner as stated.
	296. SIGNATURE AND TITLE OF GERTIFIE	0 0	MD	29c LICENSE N		29d. DATE SIGNED	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, P	DEV. UN	IV-UP M	1. H	SP
	31. DATE FILED (Morry), Day, Wear)	22 RESISTRAT'S SIGN	DE LA	NAY THE			/
Ш	- CO 10000	7 My WARDEN XX	and the state of the				

death. Page 6 pay to intained by the hospital or atte	funeral metamore amount be detached for use a	,	nominated and particularly of ourse
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 per attendance of the hospital or attendance.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral measurements about the detached for use a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	seasonment of the marked on the season and the season between the season to be season to be season to be season.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEI	_		
1	1. OECEDENT'S NAME (First, Middle, Last)		OLITINIO	AIL OI	DEATH	2. OATE OF OEATH		3. TI	ME OF DEATH
	EDWARD W	TLLTAM	RADAWICH				DAY YE	AR 1	113 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1	BIRTHPLAC	E (State or Foreign
	218-26-6160	1 X M 2 □ F	O YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 12-18-19	929 i	Mary 1	and
	96. FACILITY NAME (If not institution, give str	eet and number)	91	b. CITY, TOWN C	R LOCATION OF O	ATH	9c. COUNTY	OF DEATH	
DIRECTOR	NORTH ARUNDET HO	SPITAL.		GLEN I	BURNIE		AA	COLL	NTY
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CITY T	OWN OR LOCAT					INSIDE CITY
IH.		Arundel		asadena				11150	LIMITS?
	10e. STREET AND NUMBER	NT GUIDET			ZIP COOE		10g. CITIZEN		
ER	7806 Chesapeak	e Road			21122			5.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	-	RACE - A	merican Indian,
	1 🔀 Never Married 2 _ Married	FORCES? 1 YES			2 X NO Specific	n, Puarto Rican, etc.)		Black, White Specify:	ta, atc.
BY	3 Widowed 4 Divorced							1	White
TED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a. OECEDENT'S US (Give kind of work	done during mo		16b. KIND OF BU	USINESS/INDUST	TRY	
E	Elementary/Secondary (8-12)	College (1-4 or 5+)	ilie. Do NOT use re						
COMPLET	12th Grade 17. FATHER'S NAME (First, Middle, Last)		raet	ical Nu		Hospi			
_		Radawich				ME (First, Middle, Maide			
BE	19a. INFORMANT'S NAME (Type/Print)	nauawien	T 40b MARINO AC	DIVERS (Street o		ia B. Kor			
2	Frank Radawich					Essex. Ma:		900	20
	20a, METHOD OF DISPOSITION	201	. PLACE OF DISPOSITI				OCATION — City		
	1 XBurial 2 Cremation 3 Ramo	wal from State	other place)		Cemetery		ltimore		
	21. SIGNATURE OF FUNERAL SERVICE LICE	DYSEE	11023 1100	22. NAME AN	D ADDRESS OF FA	CILITY			
	1 16 lm . m	10.	1			nce Funer			
	Surga/	men	owski	4001	Ritchie	Hwy. Balt	imore,	Md. 2	
	23. PART I. Enter the diseases, or conshock, or heart failure.	anly one cause on a	ach line.	antar the mo	de of dying, auc	h as cardiac or ree	piretory arrest	,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	01			7 . 2	1.20	_		Onset and Death
	resulting in death)	BLEED!	NG ES	O PHAG	EAL	VARICES	5		6 WKS.
		I A TALL	A CONSEQUENCE OF):	001100	5.6 07	- 1116	-12	ŀ	5 VAC
ON	Sequentielly list conditions,	DUE TO (OR AS /	A CONSEQUENCE OF):	CKHU	215 04	- 470	/		J XICS.
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	2020023400000						į	
E	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS /	CONSEQUENCE OF):						
E	reaulting in death) LAST	J						.	
Ö	PART II. Other algnificent conditions	a contributing to death i	ut not socition in	the madestale	n nauna aluun In	Post I as una	N AUTOPSY		
N N	HEPATOREM				Jan Jan Jan		ORMED?	AWAR	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE
MEDIC	ANCRI	CHO1511	THEST	1/50	100///	1 🗆 YES	2 NO		EATH?
	11781114	CHECK	2 4 6 2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6	-		1 🗆	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	CHRONIC	- Aice		7 -				
PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (CA				
148	27, MANNER OF DEATH	1 Inpatient 2 ER/Out	28b. TIME C			8 Other (Specify) 28d, OESCRIBE HOW	IN HIEV OCCUR	50	
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	PRK7	200. DESCRIBE HOW	INJUNY OCCUR	20	
BY	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY	/ — At home, farm, stre			281. LOCATION (Stree	t and Number or I	Rurel Route i	Number
9	4 Homicide 6 Could not be determined	building, etc. (Spe	clfy)	,		City or Town, Stat			,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of section	de des direct	at the time of	and also				
MP		CIAN: To the best of my know R: On the basis of examination						مجم (م)مورو	menner as stated
	29b. SIGNATUME AND TITLE OF CERTIFIER			, op.,nott, t					
8	Alhaom	(Com			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Mon	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Pr	int)	D10	ィナン	1 (6	0.5	, 1990
				,	(II T'M 7 749	DAITE AGE	VII AND	0107	
		AND STREET STREET SEE	45 OAKWOO	U KUAD	GLEN BI	IRNIE, MAR	YLAND	2106	1
	LFR AS 1220 9.								

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arched for use as the burial-transit permit. Pages 1, 2, 3 should In hospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any flour ster death. Page 6 man TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

31. DATE FILEO (Month, Day, Year) FEB 08

32 REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM			MENTAL HYGIE REG. N			
- 1	1. DECEDENT'S NAME (First, Middle, Last)			AIL OI	DEATT	2. DATE OF DEATH		3. Ti	ME OF DEATH
	John W. REY					January 2	28. 1990	AR 2.	55 P.M. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	6.		E (State or Foreign
	277 07 2801	1×M2 0 F 78	YRS.	THE DAYS	HOURS MIN.	MARCHE	KILL	HO	10
_	9a. FACILITY NAME (If not institution, give str	1.1		CITY TOWN	OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH	
DIRECTOR	FRANKLIN SG	WARE HOSP	TAL	Kas	EDALE		Balti	more	
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	TION				INSIDE CITY
뜸	MARYLAND BAI	SAGOT	1 6	ARNS	V				LIMITS? YES 2 K NO
- 1	10e. STREET AND NUMBER				ZIP COOE		10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	9220 Avon	DAON 2LAD			21931	+	U	. 5.	A.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 X YES 2 1				NIC ORIGIN? (Specify Y	es or No- 14.	RACE - A	merican Indian, te, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			Z NO Specif			Specify:	
ED	15. DECEDENT'S EDUC	ATION 16a. DE	CEDENT'S USU	JAL OCCUPATION	ON	16b. KIND OF B	USINESS/INDUST	NJ-	15
E	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) (G life College (1-4 or 5+)	live kind of work Do NOT use rel	done during mo tired.)	st of working				
릴	7 YRS.	2	1237	Fin	SHER	730	IERAL	()	28010
COMPLET	17. FATHER'S NAME (First, Middle, Last)		,		18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
BE	LEOPOLD	271 2,113	/		UAIS	C1 Y22	51772	OUF	302
0	19a. INFORMANT'S NAME (Type/Print)	0 000	b. MAILING ADI	DRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Coo	de)	
	20a. METHOD OF DISPOSITION	20h PLACE	OF DISPOSITION	M (Name of co	metery, crematory or	3001	OCATION — City	or Town C	tela.
	1 Buriel 2 Cremation 3 Remo	val from State Rother pl	(ace)	n.	m [-06	50=05	Lel Air		applan
-	21. SIGNATURE OF ELIMERAL SERVICE LICE	024	-1711	22. NAME A	ND ADDRESS OF FA	CILITY	JEWG	Rici	FIVERIO
	D 1/20 1/2	λ.		EVA	UZ CHE	THET OF		Pas	L -11 c
	23. PART I. Enter the diseases, or or	omplications that caused the de	eeth. Do not	enter the mo	de of dying, suc	th as cerdiec or ree	piratory arrest	1 141	Approximate
	shock, or heart failure. L IMMEDIATE CAUSE (Finel	ist only one cause on each line	в.						Interval Between Onset and Death
	dianage or condition	Dilated Cardio	mvonat	hv				İ	
	resulting in dealth)	DUE TO (OR AS A CONSE		/					
Z	Sequentially list conditions,	ı							
ATI	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):						
SI I	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):						
CERTIFICATION	resulting in deeth) LAST							-	
	DART II On as also life and a see different								
CAL	PART II. Other significent conditions	contributing to deeth out not	reeulting in t	ne underlyin	g cause given in	PERF	IN AUTOPSY DRMED7	AWAJI	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE
1000						1 TYES	2 NO	DF 0	DEATH?
PHYSICIAN: MED								1 🗆	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF OEATH (C/	heck only one)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Sinpatient 2 ER/Outpetient 3		THER:	ne 5 🗆 Residence	6 ☐ Other (Specify)			
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, IN.	JURY AT DRK?	28d. DESCRIBE HOV	INJURY OCCUR	EO	
ВУ	1 Natural 6 Pending 2 Accident Investigation			M 1 🗆					
	3 Suicide 6 Could not be	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, form, stree	et, fectory, offic		281. LOCATION (Street City or Town, Star		Rural Route	Number,
COMPLETED	204 CERTIFIED								
API	one)	CIAN: To the best of my knowledge, de							
CO	2 MEDICAL EXAMINER	3: On the beals of examination end/or	investigation, in	n my opinion, i			and due to the c	evse(e) end	menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Mon	th, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH OF	M 27) (5 5:	nt)	N/A		1/2	-8/9	0
	WHICH THE MAN PENEDO OF PENOON WHO					ma Mamul			

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TOF HEALTH AND	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, La	Carl J.	Spriggs		2. DATE OF DEATH MONTH 2 DAY	5 YEAR 90	3. TIME OF DEATH 250P
4. SOCIAL SECURITY NUMBERS 219 - 7 4 - 1833	INM20F Z	WONTH			3 Count	1d.
9a. FACILITY NAME (If not Institution, go University Ho	spital		TY, TOWN OR LOCATION OF D altimore	DEATH	9c. COUNTY OF D	PEATH
University HO		10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER 3401 Liberty 11. Marital Status	Hghts. Ave.		101. ZIP CODE 2121		U.S.A	
11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN	2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 XNO Spec	an, Puarto Rican, atc.)	Blac	E — American Indian, k, White, etc. 31ack
15. DECEDENT'S (Specify only highest of Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	EDUCATION rade completed) College (1-4 or 5+)		OCCUPATION The during most of working	18b. KIND OF BUSIN	NESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) William W. S	priggs			AME (First, Middle, Maiden St. ette Merce		
19a. INFORMANT'S NAME (Type/Print) Carolyn Sprig	gs		iberty Hgh			, Md. 212
METHOD OF DISPOSITION Burlal 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from Stale	PLACE OF DISPOSITION OF MUSIC Calv	Name of cemetery, crematory or CATY	Ba.	Ito., I	own, Stata Md •
21. SIGNATURE OF FUNERAL SERVICE	L. Morton		James A. M 1701 Laure	lorton & So		d. 21217
23. PARTI. Enter the disease, ahock, or heart fells immediate Cause (Final disease or condition resulting in death)	ire. Liet only one cause on each	ch line.	in travaseww	4 4		Approximata Interval Batwee Onset and Deal
Sequentially flet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		specked S consequence of: Vinfect				Imo.
	d. heps	atic faile	ne.			1 mo.
× ×	tions contributing to deeth but Honeral Synd		underlying cause given i	Part I. 24a. WAS AN A PERFORM	IED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	tlant 3 DOA 4 D	28. PLACE OF DEATH (C		1	
Pending 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
3 Suicide 8 Could not 4 Homicide detarmine	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, streel,	factory, office	281, LOCATION (Street en City or Town, State)	d Number or Rural	Route Number,
S cool	HYSICIAN: To the best of my knowle					(a) and menner as stated.
296. SIGNATURE AND TITLE OF CERT	IFIER .		29c. LICENSE N	UMBER , 435 Am 2002	29d. DATE SIONE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA		l Center			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIONA					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any after the death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examining it.

detached for use as the burlal-transit permit. Pages 1, 2, 3 should

the hospital or attending physician. PYLAND 21203-3146

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF	DEATH

	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	THELMA SMITI	4			MONTH DA		FAR
					0) 25		0 21-004
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest t		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	. BIRTHPLACE (State or Foreign Country)
	217- 70-8770 10 H 2 X F 75	YRS.	DATE DATE	I IIII	11-23-1	4 1	BALTIMORE
	9s. FACILITY NAME (If not institution, give street and number)	96	L CITY, TOWN	OR LOCATION OF DE			Y OF DEATH
2	ER FALLSTON GEN HOSP.		FA	LLSFON)	и о	RCOND.
DIRECTOR	RESIDENCE OF DECEDENT		, , ,	CODION		FF	12 0000
ŭ l	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCA	TION			10d. INSIDE CITY
뜻	MO BALTIMORE		RAL	TIMO	2 =		LIMUTS?
	10e. STREET AND NUMBER			1. ZIP CODE		10a CITIZE	N OF WHAT COUNTRY?
FUNERAL			"		- 1	17	
y	61 16 BELAIR ND			212			SA
2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO	20		CENDENT OF HISPAN pocify Culum, Maxican	C ORIGIN? (Specify Yes	or No — 14	I. RACE — American Indian, Black, White, atc.
BY	1 Never Married 2 Married IF YES, GIVE WAR OR DATES			2 NO Specify			Specify:
	3 Millioned & Experiorced						BLACK
COMPLETED			UAL OCCUPATI		16b. KIND OF BUS	INESS/INDUS	BTRY
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	Oo NOT use re	etired.)	out or working			
2		OME	23110				
8	17. FATHER'S NAME (First, Middle, Leet)				AE (First, Middle, Meiden	Sumame)	
	Robert MATThews			MA	0.1		
BE				1117	Ry		
2	19a. INFORMANT'S NAME (Type/Print)	MAILING AD	DRESS (Street	end Number or Rural R	oute Number, City or Town	1/	1
	Florience fields 4	368	s Dek	20114K			M.D.21215
	20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State	F DISPOSITI	ON (Name of ce	metery crematory or	7 _ 1/ 20c. Lg	CATION - CH	ty or Town, State
	4 Donation 6 Other (Specify)	TUS	Mem	SRIAL Y	7KK 1/3	9210	. M.D.
~	21. SIGNATURE OF FUNERAL SERVICE LICENSES		22. NAME A	ND ADDRESS OF FAC	CILITY	2/	
	V		0	1-1			1 1 2
_	A lunevagh Kest		Ked				MonRoe of
	23. PART I. Enter the diseases, or complications that caused the desi shock, or heart failure. List only one cause on each line.	th. Do not	anter tha me	oda of dying, suci	as cardisc or respi	ratory srres	
	IMMEDIATE CAUSE (Finel						Interval Between Onset and Death
	disease or condition CAODIA	C.	A-22	YTHMI	A		1.10
	disease or condition resulting in death) a. CRQDIA DUE TO (OR AS A CONSEQU	JENCE OF):		1 1 1 1 1 1	, ,		142
_	Sequentially the anadistage (b. C420 NIC						
CERTIFICATION	Sequentially list conditions,	JENCE OF:		_ 1 13	120126		
F	If eny, landing to immediate						
임	CAUSE (Disease or injury	F M S	יטיי.				
Ē	that mitiated events	ENOL OI J.					
EH	resulting in death) LAST						
	PART II. Other aignificent conditions contributing to deeth but not re-	sulting in 1	the underlyin	og cause given in	Part I, 24a. WAS AN	AITTOPSY	24b. WERE AUTOPSY FINDINGS
3					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	900 -	.1			1 YES 2	□ NO	OF DEATH?
¥	a Axillary Jein	15	dmb	15 J.			1 YES 2 NO
z							
PHYSICIAN: 1	25. WAS CASE DEFERRED TO MEDICAL		26. P	LACE OF OEATH (Che	ock only one)		-
200	EXAMINENT? 1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 C		THER:	ne 5 🗆 Residence	8 Other (Specific)		
H	27. MANNER OF DEATH 28s. DATE OF INJURY	26b, TIME O	-	JURY AT	28d, DESCRIBE HOW I	NJURY OCCU	RED
	1 Netural 5 Pending (Month, Day, Year)	INJUR	Y W	ORK? YES 2V NO			
B⊀	2 Accident Investigation	MA	3	7 1 2 11	N/0		
	3 Suicide 6 Could not be 28s. PLACÉ OF INJURY — At hom building, etc. (Specify)	ie, farmi, stre	et, factory, offi	Ce .	28f. LOCATION (Street of City or Town, State)	and Number or	r Rural Route Number,
	4 Homicide determined	IA				Y/A	
7	29s. CERTIFIER (Check colv. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deat	th occurred t	at the time, dat	a and place, and due	to the cause(a) and man	ner as stated	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or in						
ပ္ပ							
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM		29d. DATE	SIGNED (Month, Day, Year)
10	yanisht me D	ME		1 0.2	1809	P 11	25-90
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM		,				
	GPRASHUIRDBERAIR R	A H	102	FALL	TON	MO	21047.
	31. DATE FILED (Month, Day, Year) FFR () 8 1990 Guille Davidson-Re	8 44 7					
	FEB 081990 Gerlie Davidson-Ra	ndella					
	- //		1				

BALTIMORE, MARY AND 21203-3146	bained in the most set or attending physician.	should delibered for use as the burial-transit permit. Pages 1, 2, 3 should	tified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount after death. Page 6 may be retained for mount of physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows we as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Aygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at and	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA			MENTAL	HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Lest)	44mW)	STRICKE	PATH		2. DATE O	OF DEATH	2 198	3.	TIME OF DEATN
4. SOCIAL SECURITY NUMBER 2/5-14-2063	5. SEX 6. AC	and a second	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS.	7. DATE C (Month,	Day, Year)		HRTHPLA Country)	CE (State or Foreign
90. FACILITY NAME (If not institution, give 3//3 PARKT	street end number) OWNE R	≥D. 9b	PARK	LOCATION OF DE			9c. COUNTY BAL		, co.
RESIDENCE OF DECEDENT 100. STATE 10b. COUNT MARYLAND BA	LTD. CO.	10c. CITY, TO	OWN OR LOCATION	ON LE				3.7	1. INSIDE CITY LIMITS? YES 2 4 NO
10e. STREET AND NUMBER 3//3 PARK	TOWNE K	30.	10f.	ZIP CODE	4		10g. CITIZEN	OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ YI IF YES, GIVE WAR OF	ES 2 AND	If yes, spe-	NDENT OF HISPAN city Cuban Mexico 2 NO Specify	n, Puerto A			RACE — Block, Wi Specify:	American Indian; hite, eter-
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mos	N t of working	16b.		INESS/INDUST	RY	7/12
8	Consign (I-4 of 5+)	TRUST	OFF	ICER		BAN	K		
17. FATNER'S NAME (First, Middle, Last)	CKR071	4		18. MOTHER'S NA	ME (First, M	liddle, Maiden BA	Surname) RTE	45	
190. INFORMANT'S NAME (Type/Print)	RECORD,	5 19b. MAILING AO	ORESS (Street an	d Number or Rural I	Route Numb	er, City or Town	1, State Zip Coo	le)	
20e. METHOD OF DISPOSITION 1 **Burlel 2 Cremetion 3 Red 4 Donetion 5 Other (Specify)		20b. PLACE OF OISPOSITION OF PURCE PROPERTY OF THE PURCE PUR	ON (Name of cem	etery, crematory or	,	20c. LO	CATION — City	or Town,	State MD
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE J	gair	EVA	NS CH	CILITY PAPE KVIL	LOF	ME	MC 242	PRIES
23. PAN I. Enter the diseases, of thock, princert feiture thock, princert feiture disease or condition resulting in death)	complications that deut. List only one cause of	sed the deeth. Do not n each line.	enter the mod	is of dying, suc	h aa cerd	lac Dr respi	ratory arrest		Approximete interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate	· metas	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	add	er ca	· 1P	ulm.	met	3	7mo.
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR A	AS A CONSEQUENCE OF):							
PART II. Other significent condition	one contribution to deet	h hut not enculting in a	the maded day	sous shop in	Don't I	24a. WAS AN	ALFOROV	0.44 1400	
PART II. Other agrinicent condition	on thousand to dear	in but not resulting in t	ine underlying	ceuse given in		PERFOR	IMED3	CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE OEATH?
					-			1 [YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only on	e)			
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/0		THER: Nursing Home	5 Reeldence	8 🗆 Other	(Specify)			
27. MANNER OF OEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI (Month, Day, Yea	RY 28b. TIME O	Y WOI	IRY AT RK? ES 2 NO	28d. DES	CRIBE NOW I	NJURY OCCUR	ED	
3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (URY — At home, farm, atre- Specify)	et, factory, office		28t. LOCA City o	ATION (Street or Town, State)	and Number or F	Rural Rout	e Number,
one)	SICIAN: To the best of my k							nuse(e) en	nd manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIF	Euster	MD		DOS S	MBER 59 L	+	29d. DATE SI	GINED (ME	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON W	KANTOK	DEATN (ITEM 27) (Type, Pri	5 /1	ORTH	L C	HAR	UES	S	7.
TEBUS 1990	82 REGISTRAN	ALL DESIGNATION OF THE PARTY OF							

as the burlal-transit permit, Pages 1, 2, 3 should

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the line within 12 foots and beautiful for them 23 shows any injury, or other traumatic event, the medical examiner must	
medical	
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event,	l
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medi	
other	
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Injury.	l
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23	ı
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6	Ì
narked,	
18	1
28	۱
Item	ı
1	1
KTANT	1
MPO	

CATHERINE

1. DECEDENT'S NAME (First, Middle, Last)						REG. NO.		_	
CUADING O CMIMI					2. DATE OF	DA	I loc	YEAR	3. TIME OF DEATH
CHARLES O. SMITH	5. SEX 6. AGE	(In vrs. lest birthday)	IF UNDER	R 1 YEAR	Febr		119	O DIDT	19LACE (State or Foreign
	1XXM 2 F 74	van	MONTHS	DAYS HOURS MIN.		0/15		MAR	YLAND
UNION MEMORIAL HO				ALTIMORE CIT			9c. COUN	ITY OF D	DEATN
	IMORE	10c. Cl	TY, TOWN	OR LOCATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1536 WINFORD RD.				21239			-	S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO		WAS DECENDENT OF NISPA If yes, epecify Cuben, Mexic 1 YES 2 NO Spec	an, Puerto Rice		or No-	Spec	E — American Indien, k, White, etc.
15, DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		18a. DECEDENT' (Give kind of	work done	during most of working	16b. KI	ND OF BUS	INESS/IND		a dia dia dia
17. FATHER'S NAME (First, Middle, Lest) WILLIAM HENRY SM	ITH			18. MOTNER'S N JULIA	AME (First, Midd EVA HE		Surname)		
190. INFORMANT'S NAME (Type/Print) PEARL SMITH (spous	se)	4.4		S (Street and Number or Rura FORD RD., BA				239	
20e. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remov	20			ame of cemetery, crematory or		1	CATION —		own, State
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE 2	7.7-90	22.	NAME AND ADDRESS OF F	ACILITY	1			
STATE ANATOMY BOARD, BALTO., MD. 21201 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. U.C									
shock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition	ist only one ceuse on e	eech Ilne.	not ente						Approximate interval Betw
shock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS	A CONSEQUENCE	not enter						Approximate interval Betw
shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	not enter	r the mode of dying, au	n Part I. 24		AUTOPSY MED?	est,	Approximate interval Betw
shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ti. Other significant conditions	DUE TO (OR AS	A CONSEQUENCE	not enter	r the mode of dying, au	n Part I. 24	Ia. WAS AN PERFOR	AUTOPSY MED?	est,	Approximate interval Betwo Onset and De
shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ti. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DU	A CONSEQUENCE	OF): OF): OF): OTHE	r the mode of dying, au nderlying ceuse given in 28. PLACE OF DEATN (C.R.:	n Part I. 24	ia. WAS AN PERFOR	AUTOPSY MED?	est,	Approximate interval Betwo Onset and De
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UNION MEMORIAL HOSPITAL

da, regisyran's signature

Commence Dell off Hill

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
il.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction.
death. Page from the manner by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Aurs after death. Page the second of the hospital control of the second of the sec
DALI INCLE MAIN LAND	DIVISION OF VITAL RECORDS, F.O. BOX 13149,

by the hospital or attending physician.

VLAND 21203-3146

1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA			MENTAL	HYGIENE REG. NO.		
1. OECEDENT'S NAME (First, Middle, L	Stelen				2. DATE OF MONTH	F OEATH DAY	9 6	3. TIME OF DEATH
214-44-484	2 1 - M 2 DF 8		THS DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, I	Day, Year)	Co	RTHPLACE (State or Foreign punitry) M
Se. FACILITY NAME (II not institution, get all the second and the			00 Sou	therb	y Rd	9c.	Ba	lto.
100. STATE 10b. CO		10c. CITY, TO	OWN OR LOCATIO	7	KL			10d. INSIDE CITY LIMITS? 1 YES 2 NO
800 Souther	ly Rd		12	WSen a		4. ml		OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		IOENT OF HISPAN Ify Cuban, Mexical NO Specify	n, Puerto Ric		E	ACE — American Indien, Hack, White, atc. Specify: White
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		18e. DECEOENT'S USU (Give kind of work life. Do NOT use ret	done during most tired.)		16b. K	Jele		9 .
17. FATHER'S NAME (First, Middle, Last Alfred Ex	gene Seva			Hace	ME (First, Mic	idia, Meiden Surne	k M	rsuch)
190, INFORMANT'S NAME (Type/Print)	HEPPARD	800 St	DRESS (Street end			City or Town, Sta 204	ire, Zip Code)
20e. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 4 Donation 6 Other (Specify)	Removal from State	PLACE OF DISPOSITIO other place)	ON (Name of come	tery, crematory or		20c. LOCATIO	ON — City o	or Town, State
21. SIGNATURE OF PUNERAL SERVICE	Willie 2-7-9	90	0.750	ANATOM:		RD, BAL	то.,	MD. 21201
23. PART/I. Enter the diseases, ahock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. List only one cause on a	I the death. Do not on ach line.	Sty	of dying, auc	h aa cardle	Cor reapirato	ry arreat,	Approximata interval Betwee Onset and Dea
Sequentielly list conditions, if any, faeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
PART II. Other aignificant cond	itiona contributing to deeth b	ut not reaulting in th	he underlying	cause given in		PERFORMED	7	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Of		CE OF OEATN (Ch				
1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME/OF	F 28c, INJUI	8 Residence		Specify) RIBE NOW INJUR	RY OCCURE	D
1 Naturel 8 Pending 2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine	t be 28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, atree		S 2 NO	281. LOCAT	TON (Street end N Town, State)	lumber or Ru	iral Route Number,
	NYSICIAN: To the best of my know							under and manner on stated
296. SIGNATURE AND TITLE OF CERT	//	a hurai c		29c. LICENSE NUI	MBER			10 (MUNITA DIN/ WAN)
30 NAME AND ADDRESS OF PERSON Marcelino D.	w who completed callee of de Albuerne, M.D.			D 297		ville	Md 2	1228
	1990 32. RHGISTRARIP SIGN			,	20110	,,	-14 2.	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or r	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the me-
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E HC	E FL	W D	RIA
H	H	file	APO
2	2	2	=

	1 - FOR STATE REGISTRAR	ALE UF MARYLA			F HEALTH AND M OF DEATH	ENTAL HYGIENE REG. NO.		1.5
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Gerda Sheiman S	Shroyer			i	RG L L		1010 am H
	4. SOCIAL SECURITY NUMBER 5. SE		n yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BI	RTHPLACE (State or Foreign
	364-20-2384	M 2 🛮 F	03 YRS.	MONTHS DAT	YS HOURS MIN.	(Month, Day, Year)		chigan
	9a. FACILITY NAME (If not institution, give street end	d number)		9b. CITY, TOV	WN OR LOCATION OF DEA	тн	9c. COUNTY O	F DEATH
OR	Greater Laurel-Belts	sville Hos	pital	al Laurel			Prince George's	
티글	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LO	OCATION			10d, INSIDE CITY
Ĕ I	Maryland Anne Art	undel		aurel				LIMITS?
ار	10e, STREET AND NUMBER	AIGEL	110	lanci	10f. ZIP CODE		10g, CITIZEN (OF WHAT COUNTRY?
FUNERAL DIRECTOR	3565-Fort Meade Road,	.#218			20708			States
ž	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN	U.S. ARMED	13. WAS	DECENDENT OF HISPANIC	C ORIGIN? (Specify Yee		IACE — American Indien, Hack, White, etc.
BY FL		ORCES? 1 _ YES YES, GIVE WAR OR DA			yes 2 NO Specify:	Puerto Ricen, etc.)	s	Heck, White, etc. Specify: 11te
	15. OECEDENT'S EDUCATION	1	16a. DECEDENT'S	USUAL OCCUP	PATION	16b. KIND OF BUS		
	(Specify only highest grade complet		(Give kind of a	work done during	g most of working			
COMPLETED	Elementary/Secondary (0-12) Colle	ige (1-4 or 5+)	Secre	etary		Federal	govern	ment
8	17. FATHER'S NAME (First, Middle, Lest)		-		18. MOTHER'S NAM	E (First, Middle, Meiden S	Surname)	
S I	Adolph P.Sheiman				Adrienne	Oostdyk		
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural Ro	oute Number, City or Town	, State, Zip Code)
9	Marcia L.Mityga				Lane, Lanha	m, Maryland	2070	6
	20a. METHOD OF DISPOSITION 1	om State	other place)		of cemetery, cremetory or		CATION — City of	. Salve of the
	4 Donetion 5 Other (Specify)		Lee's C		E AND ADDRESS OF FACI		nington	1,D.C.
	· Marker L	Bilan.	0.4.1	J.W.	illiam Lee'	s Sons Con	npany F	uneral Home
-	23. PART I. Enter the diseases, or compile	icetions that care	the death Do		-4th St., NE			20002 Approximete
	ehock, or heert fellure. Liet or	nly one couse on e	och line.		mode of dying, oddi	- Contract of Teophi	andry arrown,	Interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	Cano	Woren	rivat	tory +	-aulii	10	Onast and Statis
	a. DUE TO (OR AS A CONSEQUENCE OF):							
z	Sequentially let modifiere . End Stage Chronic Obstructive Valmonary							
5	Sequentielly liet conditione, If any, leeding to immediate	DUE TO OR AS A	CONSEQUENCE O	F):	_	-0 0	Dere	are
9 1	cause. Enter UNDERLYING	+ lderal	Maral army Now Premma					
<u>일</u>	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):							
TIFIC		DUE TO (OR AS A	CONSEQUENCE O	F):		(
CERTIFICATION	that initiated events recuiting in deeth) LAST					(
	that initiated events resulting in deeth) LAST Description of the des	atributing to death b	ut not resulting	In the under		Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
CAL	PART II. Other eignificent conditions conf	atributing to death b	ut not resulting	In the under	reare	PERFOR	MED?	
CAL	PART II. Other eignificent conditions conf	atributing to death b	ut not resulting	In the under		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
CAL	PART II. Other eignificent conditions cont	atributing to death b	ut not resulting	In the under	Myrorchin	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAL	PART II. Other eignificent conditions condit	atributing to death by Aul	ut not resulting	In the under	reare Clynorelisin	PERFOR 1 YES 2:	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAL	PART II. Other eignificent conditions condit	SPITAL:	ut not resulting	other:	Land Chynorelisin 8. PLACE OF DEATH (Chee Home 5 - Reeldence 8	PERFOR 1 VES 2: Ck only one) 3 Other (Specify)	MED?	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	that initiated events resulting in deeth) LAST DART II. Other eignificent conditions cont Control 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 1 XI Natural 5 Pending	atributing to death by Aul	etient 3 DOA	OTHER:	R. PLACE OF DEATH (Check to the control of the cont	PERFOR 1 YES 2:	MED?	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	that initiated events resulting in deeth) LAST d	SPITAL: Inpetient 2 ER/Outp (Month, Day, Year) 28e. PLACE OF INJURY 28e. PLACE OF INJURY	etient 3 DOA 28b. Tili	OTHER: 4 Nursing M 1	B. PLACE OF DEATH (Checkers of the control of the c	PERFOR 1 VES 2: Ck only one) 3 Other (Specify) 28d. DESCRIBE HOW II	MED?	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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5	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or ren	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi-
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DIVISION OF VIEW PEOPLE, T.O. DOA 13149,	ertifical	ing phy	ygiene p	other
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Paul S. Rhodes,
31. DATE STEP 08 1990 ALL

Ala Tavidian-Randell

	BIONITAL									30 0301
		1. DECEDENT'S NAME (First, Middle, Lest) Hilda	Irene	Sayl	or			2. OATE OF DEATH MONTH Feb. 6,	~ 1990`	year 8:45 Pm
		4. SOCIAL SECURITY NUMBER 450-07-3527	5. SEX 8	3. AGE (In yrs. lest 96	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. OATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country) England
	FOR	9a. FACILITY NAME (If not institution, give st Crofton Conval		Center			ofton	OEATH		y of OEATH e Arundel
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Maryland Ann	e Arund	el	10c. CITY	, TOWN OR LO	ofton			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	ERAL	10e. STREET AND NUMBER 1664-A Carlyl			•		10f. ZIP CODE	.114	-	USA
	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI		MED O	II yes,		ANIC ORIGIN? (Specify Ye can, Puarto Rican, atc.) city:	a or No— 14	RACE — American Indian, Black, Whita, etc. SpecifyWhite
	PLETED	15. DECEDENT'S EQUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Gr	ve kind of v Do NOT us	usual occupa vork done during e retired.)	most of working	16b. KIND OF BU		acation
d once.	E COMPL	17. FATNER'S NAME (First, Middle, Last) Walter Oscar S	mith					NAME (First, Middle, Melder e Maria Hu	Sumame)	
1	TO B	19a. INFORMANT'S NAME (Type/Print) Donna S. Thomp	son					ei Route Number, City or Tow Cive, Cro		MD 21114
must b		20a. METNOD OF DISPOSITION 1	oval from State	20b. PLACE of other place IME T	ro (remat	cometery, crematory of	nc. Ba		re, MD
or removal. medical examiner must be		George E. M	·	ZK-		Cre	mation	Society (Maryland	of Ma:	ryl a nd 28
		23. PART i. Enter the disease, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) e								
- B	ATION	OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
al Hygiene prior to buris, or other traumatic	ERTIFICATION	ceuea. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.								
t. of Health and Mental shows any injury, c	i: MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuee given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO 24b. WERE AUTOPSY FINOINGS ANALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
or item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	FR/Outpetlent 3	□ DOA	OTHER:	PLACE OF OEATN	Check only one)	••	
를	PHY	27. MANNER OF DEATN 1 🛣 Natural 5 🗌 Pending	28e. DATE OF II (Month, Day	NJURY	28b, TIM	E OF 28c.	INJURY AT WORK?	28d, DESCRIBE HOW	INJURY OCCU	RED
after 28 i	TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide detarmined	28e. PLACE OF building, at	INJURY — At ho tc. (Specify)	me, farm,	street, factory, o	ffice	28f. LOCATION (Street City or Town, State		r Rural Route Number,
nin 72 hours VT: If Item	COMPLE	anal						lue to the cause(a) and mi		1. cause(a) and menner as stated.
be filed within 72 IMPORTANT: If	O BE C	29b. SIGNATURE AND TITLE O CERTIFIER	45	Mo	(B)	W	29c, LICENSE N			31GNED (Month, Day, Year) 2/07/90

M.D. 1667 Crofton Center Crofton, MD 21114

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp TO THE FLINERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ATTENDING PHY ECTOR: After this s after death with	SICIAN: The law certificate has but the State Dept.	requires that the signed by or Health and shows any is	he death ce the attendir Mental Hy njury, or o	rtificate be e ng physician giene prior to	secuted within and completely burial, crema natic event,	24 Fours after filled in by the tion, or removathe medical	death. Page tuneral direct i.	6 may be tor, page to	should be otified at	the hosp detacher
--	--	---	--	---	--	---	--	-------------------------------------	-----------------------	----------------------	----------------------

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTME	ENT OF H	EALTH AND M	ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		()			2. DATE OF DEATH MONTH D	av di	S. TIME OF DEATH
		ald P. Turne		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	The control of the co	(M2 DF 39	YRS. MONT		HOURS MIN.	(Month, Day, Year)	150	Country) Md.
	9a. FACILITY NAME (If not institution, give street a	and number)	.9b. (9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH				
DIRECTOR	Francis Scott Ke	У	Baltimore					
REC	10a. STATE 10b. COUNTY		10c. CITY, TOY					10d. INSIDE CITY LIMITS?
	Md. Balti	more	Turn		Station	1	I a airme	1 YES 2 NO
ERA	704 N. Avondale	Rd.			21222			S.A.
BY FUNERAL	1 Never Married 2 😾 Married	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED O	If yes, sp	ENDENT OF HISPANII city Cuban, Mexican, 2 NO Specify:		s or No 14	. RACE — American Indian, Black, White, etc. Specify:
	3 Widowed 4 Divorced					1 1111111111111111111111111111111111111		Black
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp. Elementary/Secondary (0-12) Co	(Gh (Ife. He. 1-4 or 5 +)	EDENT'S USUA re kind of work d Do NOT use retir	NL OCCUPATE lone during mo red.)	IN st of working	16b. KIND OF BU	ISINESS/INDUS	THY
MPL	Elementally (0-12)		iver					
	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden		
BE	William Woods 19a. INFORMANT'S NAME (Type/Print)	196	MAILING ADD	RESS (Street a		oute Number, City or Tox		ode)
욘	Meria T. Turn					Lto., Md		
	284 METHOD OF DISPOSITION 173 Burial 2 Cremetion 3 Removal	from State 20b. PLACE (00)		netery, crematory or			y or Town, State
	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSI		dar Hi	22. NAME AI	ID ADDRESS OF FAC	ILITY		re, Md.
	> James a.	morton	l			rton & S		Md. 21217
	23. PART / Enter the diseases, or comp							t, Approximate
	IMMEDIATE CAUSE (Final	only one cause on each line.						Interval Between Onset and Death
	disease or condition reaulting in death)	DUE TO (OR AS A CONSEC	HUENCE OF):					
N	Sequentially list conditions, Due to IOR as a consequence of:							
ATIC	If any, leading to immediate cause. Enter UNDERLYING							
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	HUENCE OF):					
CERTIFICATION	resulting in death) LAST							
CAL	PART ii. Other significant conditions co	entributing to death but not o	esulting in th	e underlyin	g cause given in F		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC						_ 1) YES	2 🗆 NO	OF DEATH?
Σ						- "		1 - YES 2 TO NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCORDANCE OF DEATH (Check only one)							
YSIC	1 🗆 YES 2 🗆 NO	SPITAL: Inpetient 2 ER/Outpetient 3	□ DOA 4 □		e 5 🗆 Residence (
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	W	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED
ED BY	2 \ Accident investigation 3 \ Suicide 8 \ Could not be 4 \ Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street	, factory, offic	•	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
LET.	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowledge, de	ath occurred at	the time, date	and place, and due	to the cause(s) and m	enner as stated	
COMPL	(Choch only	n the basis of examination end/or i						Park to the second and the second second second
BE	296, SIGNATURE AND TITLE OF CERTIFIER	- fal 1	Ed-	A-	D3PL	DEN D	29d, DATE 6	HOMED (Moren, Day, War)
유		IMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print	0			-	V / / /
	Janet Vittone, M 31. DATE FILED (MONTH, Day, Year)	DE. REGISTRAR'S SIGNATURE						
1	FFB 0 8 1990	Davidson-Randal						

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BALTIMONE, MARYLAND 21203-3146	mours after death. Free a may be usualled by the hospital or attending physician.	ed in by the funeral memory is abould be detached for use as the burial-transit permit. Pages 1, 2, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Proceedings by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral secondary filled in by the funeral Hygiene prior to buriar, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CE		OF HEALTH AND	MENTAL HYGIEN	E			
\neg	1. DECEDENT'S NAME (First, Middle, Last)	T	ė.		2. DATE OF DEATH		3. TIME OF DEATH		
	ILAnnas T	plores Th	anner	1	MONTH DA	90 YEAR	6:30 P. M		
- 1	4. SOCIAL SECURITY NUMBER 5.	SEX B. AGE (In yrs. lust		T 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign		
	-	□ M 28 63	YRS. WONTHS	DAYS HOURS MIN.	(Monte, Day, Year)	COU	ARYLAND		
_	9e. FACILITY NAME (If not institution, give street	and number)	9b. CIT	, TOWN OR LOCATION OF DE	EATH	9c. COUNTY OF			
DIRECTOR	ST, JOBEPH HOSPITAL	7620 York Ro	to	usan, md		Bal:	Timore		
R	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?		
١٥	100. STREET AND NUMBER	more	Lock	101, ZIP CODE		10- CITIZEN OF	1 VES 2 NO		
FUNERAL	10323 6-8550	Sins NR.	15	21030		2.()	A.		
<u> </u>	19300 0121	. WAS DECEDENT EVER IN U.S. ARI		WAS DECENDENT OF HISPAI		or No — 14. RA	CE — American Indian, ack, White, etc.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO. 1F YES, GIVE WAR OR DATES	°	If yes, specify Cuban, Mexica 1 YES 2 NO Specif		1.70	ecify:		
	15. DECEDENT'S EDUCATI	001		COMPATION	Lui vene os sur	1 4	STIHL		
COMPLETED	(Specify only highest grade com	(GA	CEDENT'S USUAL (we kind of work done Do NOT use retired.)	during most of working	16b, KIND OF BUS	SINESS/INDUSTRY			
P	Elementary/Secondary (0-12)	college (1-4 or 5+)	AT HO	m c					
ŏ O	17. FATHER'S NAME (First, Middle, Last)		111 / 1		ME (First, Middle, Malden	Surname)			
	ALBSRT A	STAMBORS	:Ki	MAI	RY A. B	is OR	oaski		
) BE	19a. INFORMANT'S NAME (Type/Print)			S (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code)			
2	FAMILY REC	oras	SAM	AS AB	OVE				
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal	from State 20b. PLACE C		ame of cemetery, crematory or	20c. LO	CATION — City or	Town, State		
	4 Donation 5 Other (Specify)	IDU	-Ansy	NAME AND ADDRESS OF FA	OII ITTY	MONII	nu wo.		
	21. SIGNAL SERVICE DOES	V	"	EVANS CHE	PELOFS	Himes	,		
	Louis to	Sont	é	325 YORK	ROAD -	Time	mirm		
	23. PART i. Entar the diseases, or com shock, or heart failure. List	plications that caused the de- t only one cause on each line.	ath. Do not ente	r the mode of dying, suc	h as cardiac or reapi	ratory arrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Final	En cephalitis	1 + m	etabolic.	encepholo	potte	Onset and Death		
	disease or condition reaulting in death) a					1	2 weeks		
	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate								
ΑŢ	t any, leading to immediate cause. Enter UNDERLYING								
Ĭ.	that initiated events	DUE TO (OR AS A CONSEQ	IUENCE OF):						
EH	reaulting in death) LAST								
	PART II. Other aignificant conditions c	ontributing to death but not r	esulting in the u	nderiving cause given in	Part I. 24a, WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS		
CAL		SUPPLIES VIOLENCE CONTROL CONT	A-0. 400 INC. 500		PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE		
	-				1 🗆 YES 2	ACNO.	OF DEATH?		
PHYSICIAN: MEDI					— I				
A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C/	neck only one)				
Sic		OSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 N	R: rsing Home 5 - Residence	6 ☐ Other (Specify)				
ΉÝ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED			
ВУР	Natural 5 Pending 2 Accident Investigation	(moral, say, rowy	M	1 YES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, fa	etory, office	261. LOCATION (Street City or Town, State)		al Route Number,		
COMPLETED	4 Homicide determined								
PLE		N: To the best of my knowledge, de	eth occurred at the	time, date and place, and due	e to the cause(a) and mai	nner as stated.			
OM	one) 2 MEDICAL EXAMINER: (On the basis of examination and/or i	investigation, in my	opinion, death occured at the	time, date and place, ar	d due to the caus	e(a) and manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0 -	~	29c. LICENSE NU		29d. DATE SIGN	ED (Month, Day, Year)		
TO B	1) Straid of Drde	- From, m.		15/95	-08	1 2	12/90		
Ĭ	NATIUIDAD DO DE	OMPLETED CAUSE OF DEATH (ITER	ST, JOS	EPH HOSPI	TAL , TOW	SON, MI	0.21204		
	FEB 08 1990	32. REGISTRAR'S SIGNATURE	SL.		7	ı	7		

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lived in by the funeral direction part of the formation and beautiful pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
be filed within 1.2 hours after occur, with the State Dept., or regain and mytering prior to bottom, or refined as well as a marked, or filem 23 shows, any injury, or other traumatic event, the medical examiner must be muffled at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) FRANK V TANGNEY	2. DATE OF DEATH DAY	S. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 217-14-115 1 XM 2 F 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN. 90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Dey, Year) 8-27-6 EATH 9c.	8. BIRTHPLACE (State or Foreign Country) BALTO CITY COUNTY OF DEATH						
TOR	EDENWALD 800 SOUTHENY TOWSON	e	ALTIMORE						
DIRECTOR	MARYLAND BALTO. CO. TOWSON		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
BY FUNERAL	302 EAST JOPPA ROAD 101. ZIP CODE 2/2	04 109	CITIZEN OF WHAT COUNTRY?						
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, apecity Cuban, Mexic 1 YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPA If yes, apecity Cuban, Mexic 1 YES 2 NO Specify	an, Puerto Rican, atc.)	14. RACE — American motion, Black, White, etc. Specify: WHITE						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) Fig. DECEDENT'S SUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use religed.) VICE PRES - 15T/	VATE BAN	K.						
BE CON	17. FATHER'S NAME (First, Middle, Last) FRANK—TANGNEY 18. MOTHER'S N. MAX	AME (First, Middle, Majden Suma PGARE)	BARRETT						
10	100 INFORMANT'S NAME (KnopPrint)								
	20a. METHOD OF DISPOSITION 1	CEM, LU	ON - City or Town, State THERVILLE						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 12. NAME AND ADDRESS OF TO	HAPEZ C	MARYLAND						
	23. PART 1 Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, au shock, or heert fadure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF)	ch as cardiac or respirato	Approximate interval Between Onset and Beat						
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		10 yr						
	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in	Pert I. 24s. WAS AN AUTO PERFORMED 1 PES 2	? AVAILABLE PRIOR TO COMPLETION OF CAUSE						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ANO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Mursing Home 5 Residence								
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 29b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJUR	TY OCCURED						
ETED BY	2 Accident investigation 3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	28f. LOCATION (Street end N City or Town, State)	lumber or Rural Route Number,						
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and du one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the								
BE	296. LICENSE NO DO		A. DATE SIONED (Month, Day, Year)						
1 2	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Time Print)								

** * E 1/2 Vice-Silver Vir VII. 3

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TO BE COMPLETED BY FUNERAL DIRECTOR

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TENDING PHYSICIAN: The law requires that the death certificate be executed with	
TENDING	

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral directions are mould be detached.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death. Pag 6 may be reuned by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Peat of this professional to the hosp

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Richard C.	Taylor, 5	0			2 5	1990	рм
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. B	BIRTHPLACE (State or Foreign
213-10-3456		79 YRS.	THS DAYS	HOURS MIN.	(Month, Dey, Year) 3-31-19		oryland
Francis Scott		100		ore, M		City	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY	10c, CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY
Md. Bal	timore						LIMITS? 1 YES 27 NO
10e. STREET AND NUMBER	CIMOLE	DAI	cimore	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
3445 Dunhaven	5.q	DUndalk		21222			
11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC		IIC ORIGIN? (Specify	U.S.A	RACE — American Indien.
1 Never Merried 2 Married	FORCES? 1 YES	2 NO	If yes, spe		n, Puerto Rican, atc.)		Black, White, etc.
3 Widowed 4 Divorced	IF TES, GIVE WAR ON DA	ATES	1 1 123	s (TMo Shecii)	<i>r</i> .		specify: nite
15, DECEDENT'S EDI (Specify only highest grad	le completed)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATIO done during most tired.)	N at of working	16b. KIND OF E	BUSINESS/INDUST	RY
Elementary/Secondary (0-12) HIGH School	College (1-4 or 5+)				Facility	Moot	
17. FATHER'S NAME (First, Middle, Last)		Adminis	Laciv		ESSK		.5
						on dumanta)	
Ross Taylor 190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street &	Elsie	Poute Number, City or 1	Town, State, Zip Cod	le)
CaRRIE Taylo	r	3445 1	Dunhay	en Rd.	Dundal	. Md	21222
20a, METHOD OF DISPOSITION	20b	PLACE OF DISPOSITIO				LOCATION — City	
1 Donation 5 Other (Specify)	noval from State	other place) Gardens o	of Fai	th	Ro	ssvill	e. Md
21. SIGNATURE OF FUNERAL SERVICE L		Jaz aono	22. NAME AN	O AOORESS OF FA	CILITY		
> 11/1/6/h	Ca_						me, Inc. dalk,Md.212
23. PART i. Enter the diseases, or ahook, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause b. List only one cause on e			da of dying, auc	0	epiretory arrest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A	A CONSEQUENCE OF):)		,		6ys
PART II. Other significant condition	one contributing to death b	out not resulting in t	he underlyin	g cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 VES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C/	neck only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outs		THER:	e 5 🗆 Residence	6 C Other (Specify)	Rosta	mant
27. MANNEST OF DEATH	26s. DATE OF INJURY	28b. TIME O	F 26c. INJ	URY AT	28d. DESCRIBE HO	1	
1 Natural 5 Pending	(Month, Day, Year)	INJUR		YES 2 NO			
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e, PLACE OF INJURY	f — At home, ferm, stre	et, factory, offic	•	28t. LOCATION (Str. City or Town, St	set and Number or i	Rural Route Number,
(Oraca oray	SICIAN: To the best of my know						ause(e) end manner ee stated.
29b. SIGNATURE AND VITLE OF CENTUR	14	110		29c, LICENSE NU	MBER	29d. DATE SI	IGNED (Month, Day, Year)
111-11	1/1/4	y w	1.1)	1/2	378	1	7-7-84
30. NAME AND ADDRESS OF PERSON V	lebrich	Cive	int) - //	Ral	to m	ed z	2(222)
FEB 08 1990	32. REGISTRAR'S SIGN		-				

AND 21203-3146

BALTIMORE	nours after death. Page 6 million	d in by the funeral director, most or removal.	medical examiner must be	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 mm the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page filed within 72 hours after death with the State Dept. of Heatth and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be in	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATN
3		NEY				02 05	1990	3.10 P M
	4. SOCIAL SECURITY NUMBER			IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)
1 1	219-44-6190 9a. FACILITY NAME (If not institution, give s	1 M 2 X 4:					46	west VIRGINIA
œ					R LOCATION OF DE	AIH	9c. COUNTY	
18	G.B.M.C6701 N. CHARLES ST BALTIMORE, MD BALTO)		
DIRECTOR	MD BALT			TED CTOL				10d. INSIDE CITY LIMITS?
1	100. STREET AND NUMBER	IMORE COUNTY	KE13	TERSTOW	. ZIP CODE		10- CITIZEN	1 YES 2 X NO
FUNERAL	27 SHROPSHIRE C	OUDT			1136			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN	IC ORIGIN? (Specify Yes		. RACE — American Indian, Black, White, etc.
IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:							Specify:	
	15, OECEOENT'S EDU	CATION	16e. DECEDENT'S U	SUAL OCCUPATIO	NA .	16b. KIND OF BU	SINESS/INDI IS	WHITE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)			dk done during mo		TOOL KIND OF DO	3ME33/11003	
APL	9		BEAU	TICIA	U			
Ö	17. FATNER'S NAME (First, Middle, Last)	474.40		-10		ME (First, Middle, Maiden		0
BE	CHARLES C.	ARRINGTO.						r BEEK
일	LAURA TONEY	(mother)				Route Number, City or Tox ksburg, Mc		
	20a, METNOD OF DISPOSITION	20b	PLACE OF DISPOSIT					y or Town, Stata
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place)					
1	21. SICHATURE OF FUNERAL SERVICE EN	DENSEE		22. NAME A	ND ADDRESS OF FA	CILITY		
	Somula	1 Allece	e	STAT	E ANATOM	Y BOARD, E	BALTO.,	MD. 21201
	23. PART i. Enter the diseases, or	complicatione that caused List only one cause on e		t enter the mo	de of dylng, suc	h aa cerdiac or resp	iratory erres	t, Approximate interval Between
1 1	IMMEDIATE CAUSE (Finel	and only one easily on e	aon ma.					Onset and Death
	disease or condition resulting in death)	. CEREBRAL	ANOXIA					
-	RESPIRATORY FAILURE							
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF					
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	C	ASTIC LYMI					
CERTIFICATION	that initieted eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)					
CEF		d						
SAL	PART il. Other aignificant condition	18 contributing to deeth b	out not resulting in	tha undarlyin	g cause given in	Part I. 24s. WAS AP PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC						1 YES	5 NO	OF DEATH?
						-		1 _ YES 2 _ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF OEATH (Ch	eck only one)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ne 5 🗆 Reeldenca	6 Other (Specify)		
H	27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN.	JURY AT	28d. OESCRIBE HOW	INJURY OCCU	RED
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
	3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJURY building, atc. (Spec	f — At home, farm, at city)	reet, factory, offic	en .	28f. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,
	29e. CERTIFIER							
COMPLET	(Check only CERTIFTING PRYS	BICIAN: To the best of my know ER: On the basis of examination						cause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE		45		29c. LICENSE NUI			BIGNED (Mgnth, Day, Year)
BE	Vuith 1/a	utof 1	1		D28	591	► a	15/90
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, I	Print)				, ,
	31. DATE FILED FEB 08 199	30 File David	ATURS	\$				

53/11

State and the

	must
i.	1 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
s after death with the state Dept. Of neatiful and mental hygiene prior to burial, cremation, or removal.	medical
III sallolli	rtic event, the m
Ida, Cita	c even
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II LYNIE	or of
D Mellik	injury,
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State	r Item
DIE CHE	1, 0
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Death	Is marked, or It
S arte	28

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 1. DECEDENT'S NAME (First, Middia, Last) FREDERICK CAMERON TANNER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION MASON F. LORD BUILDING BALTIMORE 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION DUNDALK 10c. STREET AND NUMBER 69 15 RIDGEWAY 11. MARITAL STATUS 11. MAROVED TO SEACH OF DECEDENT'S EDUCATION 15c. DECEDENT'S EDUCATION 16c. DECEDENT'S EDUCATION 16c
FREDERICK CAMERON TANNER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 9. FUNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTH DAY SHOURS MIN. 8 - 26 - 19 14 VIRGINIA 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NAME (If not institution, give street and number) 10. STATE 10. COUNTY MASON F. LORD BUILDING 10. CITY, TOWN OR LOCATION OF DEATH 10. STATE 10. S
FREDERICK CAMERON TANNER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 75 YRS. 6. AGE (In yrs. lest birthdey) 75 YRS. 6. AGE (In yrs. lest birthdey) 75 YRS. 76 ATE OF BIRTH MONTHS DAYS HOURS MIN. 8-26-1914 9c. COUNTY OF DEATH 10d. INSIDE CITY 10
212-01-6538 XXM 2 F 75 YRS. MONTHS DAYS HOURS MIN. 8-26-1914 VIRGINIA 9a. FACILITY NAME (II not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH MASON F. LORD BUILDING RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE DUNDALK 10d. INSIDE CITY LIMITS? 10b. STREET AND NUMBER 69 15 RIDGEWAY 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 12. WAS DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10d. INSIDE CITY 1. LIMITS? 1
MASON F. LORD BUILDING RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION DUNDALK 10d. INSIDE CITY LIMITS? 1 U YES 2 X NO 10d. INSIDE CITY LIMITS? 1 U YES 2 X NO 10d. INSIDE CITY LIMITS? 1 U YES 2 X NO 10d. INSIDE CITY LIMITS? 1 U YES 2 X NO 10d. INSIDE CITY LIMITS? 1 U YES 2 X NO 10d. INSIDE CITY LIMITS? 1 U YES 2 X NO 1 U YES 2 X NO If yes, specify Coden, Maxican, Puerto Rican, etc.) 1 U YES 2 X NO If yes, specify: LIMITS? 1 U YES 2 X NO If yes, specify: LIMITS 1 U YES 2 X NO If yes, specify: LIMITS 1 U YES 2 X NO If yes, specify: LIMITS 1 U YES 2 X NO If yes, specify: LIMITS 1 U S A Black, White, etc. Specify: WHITE 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)
PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION DUNDALK 10d. INSIDE CITY LIMITS? 11 YES 2 X No 10d. INSIDE CITY LIMITS? 11 YES 2 X No 10d. INSIDE CITY LIMITS? 11 YES 2 X No 11 Of. ZIP CODE 12 VIN OR LOCATION 12 VIN OR LOCATION 14 YES 2 X No 15 Nover Married 2 X Married 16 Nover Married 2 X Married 17 YES 2 X No 18 Nover Married 2 X No 18 Nover Married 2 X No 19 YES, GIVE WAR OR DATES 18 DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 19 No Not use retired.) 10 No Not use retired.)
MARYLAND BALTIMORE DUNDALK 10e. STREET AND NUMBER 69 15 RIDGEWAY 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2 12 22 U.S.A. 11. MARITAL STATUS 1 Never Married 2 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)
10s. STREET AND NUMBER 69 15 RIDGEWAY 11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) 10s. STREET AND NUMBER 10s. ZIP CODE 2 12 2
6915 RIDGEWAY 11. MARITAL STATUS 1
11. MARITAL STATUS 1 Never Married 2 Married 5 Necess 1 Yes 2 No 15 Yes, GIVE WAR OR DATES 1 Never Married 2 Married 5 Never Married 6 New Married 7 No 15 Yes, GIVE WAR OR DATES 1 Never Married 8 New Married 8 New Married 1 New Married 2 New Married 1 New Married 1 New Married 2 New Married 1 New Married 2 New Married 1 New Married 2 New Married 1 New Married 1 New Married 1 New Married 1 New Married 2 New Married 1 New Married 1 New Married 1 New Married 2 New Married 1 New Married 2 New Married 2 New Married 1 New Married 2 New Married 1 New Married 2 New Married 1 New Married 2
1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Elementary/Secondary (0-12) College (1-4 or 5 +)
Elementary/Secondary (0-12) College (1-4 or 5 +) ille. Do NOT use retired.)
10mm change and the control of the c
12TH GRADE N/A TIME AUDITOR BETHLEHEM STEEL CORP
17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)
OLLIE W. TANNER ELLA BEAHM
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
ELIZABETH TANNER 6915 RIDGEWAY BALTIMORE, MARYLAND 21222
MNBurial 2 Cremetion 3 Removal from State Other place)
4 Donation 6 □ Other (Specify) OAK LAWN CEMETERY 2-8-1990 BALTIMORE, MD 1. SIGNATURE OF FOREIGN SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
DUDA-RUCK FUNERAL HOME OF DUNDALK 7922 WISE AVENUE DUNDALK, MD 21222
23. PART i. Enter the means of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final
disease or condition resulting in dasth) a. Aspire (an Pheumon. & Pour To (or As A consequence of): Parkin Sens Disease
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, Discourse of the Constant of the
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING
CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):
resulting in death) LAST
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? ANALABLE PRIOR TO COMPLETION DE CAUSE
1 YES 2 NO OF DEATH?
1 YES 2 NO
1 YE\$ 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

2/2/90 8 COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) FEB 08.1990 32. REGISTRAR'S SIGNATURE

1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a)

DHMH-16 Rev 1/89

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3	E	4	Æ
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certinicate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral present in		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner
arter	by the	moval.	ical e
Pours	ui pe	Or 70	med
54	N E	tion	the
MITTHE	npleter	слета	vent.
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E.	this	n with	rked
DING	After	death	E
EN	TOR:	after	28
OR AI	HEC	OULS	Em
AL.	40	2	H H
10SPI	UNER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT
포	HEF	led w	ORT
10	TOT	be fil	MP

	1 - FOR STATE OF MARYLAND A REGISTRAR	DEPAR	RTMENT OF FICATE OF	HEALTH AND M F DEATH	<i>I</i> ENTAL	REG. NO.		6-	
	1. DECEOENT'S NAME (First, Middle, Lest) ELWOOD M. WINDER		wood M.	T	2. DATE MONTH		96		TIOPM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. le		IF UNDER 1 YEAR		7. DATE (OF BIRTH	8.1	BIRTHPLAC	E (State or Foreign
	222-09-5683 1₺™²□F 66	YRS.		4 34	3-	13-192		_	sylvania
	9a. FACILITY NAME (If not institution, give street and number)			N OR LOCATION OF DEA			9c. COUNTY	OF DEATH	
5	Harbor Hospital Center		Baltim	more C	ity		===		
necion	10a. STATE 10b. COUNTY	10c. CIT	TY, TOWN OR LOC	EATION				10d.	INSIDE CITY
	Maryland Anne Arundel	I	Baltimor	re				1 [LIMITS? YES 2 💢 NO
1	100. STREET AND NUMBER Meridian Nursing Ce	enter		10f. ZIP CODE			10g. CITIZEN		
	Hammond's Lane & Robinwood Ro	ad		21225			U.S	5.A.	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TO YES 2	RMED		ECENDENT OF HISPANI specify Cuban, Maxican			or No 14.	RACE - A Black, Whi	merican Indian, ita, atc.
	IF YES, GIVE WAR OR DATES			ES 2 NO Specify:		110411, 4101,		Specify:	
2	WOLD WAT II	DECEOENT'S	S USUAL OCCUPAT	TION	I _{-18b} .	. KIND OF BUSI	I INESS/INDUST		White
	(Specify only highest grade completed) ((iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Give kind of te. Do NOT u	work done during nuse retired.)	nost of working	1,02.	The C. St.			
		Soldi	ier			Army			
2	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	ME (First, A		Sumame)		
	Warren Winder			Wini	fred	На	ckett		
				et and Number or Rural Re					- 51
-				rook Road	Gle				
	137 Burial 2 Cremation 3 Removal from State Other D	place)		cemetery, crematory or	_		CATION City		
	4 Donation 6 Other (Specify)	len H		emorial Pa		Balt	imore,	Mar	yland
			Geo	orge J. Go	nce	Funera	1 Home	P.A	
	* Ruhard Elovis		4001	Ritchie	Hwy.	Balti	more.	Md.	
	23. PART I. Enter the diseases, or complications that caused the d shock, or heart fellure. List only one cause on each lin		not enter the m	node of dying, such	n es cerd	flec or respir	atory errest	,	Approximete interval Batween
	IMMEDIATE CAUSE (Final		dl.	0					Onset and Death
-	resulting in death)		9 the	xung					4 mos.
	DUE TO (OR AS A CONSI	EOUENCE)F)(U)			ĺ	2 4 10 alea
N N	Sequentielly list conditione, DUE TO (OR AS A CONSE	EOUENCE (0F):						a mayor
3	cause. Enter UNDERLYING								
	CAUSE (Disease or injury thet initiated events	EOUENCE (OF):						
	resulting in death) LAST								
2	PART II. Other significant conditions contributing to death but not	resulting	in the underly	ing ceuse given in	Part i.	24a. WAS AN /			NE AUTOPSY FINDINGS
3		-				PERFORI	MED2	AWAI	LABLE PRIOR TO IPLETION OF CAUSE
NE C					_	1 YES 21	Ø NO		DEATH?
_					-			-	TES & LO NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL		_	PLACE OF DEATH (Che	eck only on	10)			
20	EXAMINER? 1 ☐ YES 2 ☐ NO 1 ☐ NO 1 ☐ PER/Outpatient	3 🗆 DOA	OTHER:	lome 5 - Residence	8 Othe	r (Specify)			
	27. MANNER OF OEATH 289. OATE OF INJURY (Month, Day, Year)	28b. TIR		INJURY AT WORK?	28d. DES	SCRIBE HOW IN	JURY OCCUR	ED	
	1 Netural 5 Pending 2 Accident Investigation	N	A- M 1□	YES 2 NO		N#			
	3 Suicide 6 Could not be 4 Homicide datermined	iome, farm,	street, fectory, of	fica	26f. LOC.	ATION (Street as or Town, State)	nd Number or I	Rural Route	Number,
- 1	200 CERTIFIER	<u> </u>	4			٢	4		
MILE	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, one)								
5	2 MEDICAL EXAMINER: On the basis of axamination and/or	r investigati	ion, in my opinion	, death occured at the !	time, data	and place, and	d due to the co	ause(a) and	menner as stated.
DE.	296 SIGNATURE AND TITLE OF CERTIFIER	no	10-	29c. LICENSE NUM	001		29d. DATE SI	GNED (Mor	ith, Day, Year)
2	January C. Jun, 111	- 140	ndeny		391	99	4	0 -	-70
	30/ NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (IT	0 0 0 1	e, Print)	DIN IEM	To	On it i	Tiken	7.10	W/ 21120
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	200/	3. 174	HOVER	21,	PJAL	1110	KEE,	MID allo
	EED 00 1000 A. K. L. D.	00							

	FOR STATE	STATE OF MARYLAND /						
	1. DECEDENT'S NAME (First, Middle, Last)	2 LY ARAKII		4 DE	REG. NO. 2. DATE OF DEATH MONTH 2.2	YEAR 1,4.2.2 M		
	4. SOCIAL SECURITY NUMBER BABY	5. SEX 6. AGE (In yrs. less		DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) (0 - 27 8	8. BIRTHPLACE (State or Foreign Country) M. J.		
TOR	90. FACILITY NAME (it not institution, give st M + WASHNGT RESIDENCE OF DECEDENT	DN EXATRIC	2.409 PB	TOWN OR LOCATION OF DE	EATH A	9c. COUNTY OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITS? 1 ₩ YES 2 □ NO		
FUNERAL	3604 Lund	sor mill	Rd.	101. ZIP CODE 2/2/	6	10g. CITIZEN OF WHAT COUNTRY		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☐ N IF YES, GIVE WAR OR DATES	10	WAS DECENDENT OF HISPA If yes, specify Cuben, Maxico 1 ☐ YES 2 P NO Specifi	in, Puerto Rican, atc.)	or No.— 14. RACE — American Indian, Black, White, etc. Spegify:		
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (Gi	CEDENT'S USUAL Come kind of work done Do NOT use retired.)	during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last), Limit WAde, 16. MOTHER'S NAME (First, Middle, Maiden Surragge) Limit Ade, Lonilen, Diggs							
10	MYS CONTER	e luade 3	3604 h	S (Street and Number or Rural	nill Rd. K	Ballo, md. 21216		
1	20e, METHOD OF DISPOSITION 1	ovel from State Cother of	1210	erne of cometery, crematory or Cem .	B.	AITON - City or Town, State (AITO, Co, Mc		
	Hoseph 1	, Puss	2	NAME AND ADDRESS OF FI	orth Ave.	balk md 21216		
	23. PART I. Enterpha disesses, or o shock, or hasnt fellure.	complications that caused the da List only one cause on each line	eth. Do not ente	r tha moda of dying, suc	ch as cardiac or respira	atory arrest, Approximats Interval Batween Onset and Daath		
	disease or condition resulting in death) s. Suddey Into (or as a consequence of): Due to (or as a consequence of):							
ATION	Sequentially list conditions, If any, isading to immediate cause. Enter UNDERLYING b. Veuturular Septal Befeer Conjunts. Due to (or as a consequence of):							
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEC	DUENCE OF):					
0	PART II. Other eignificent condition	a contributing to death but not r	resulting in the u	nderlying cause given in	PERFORM	IED? AVAILABLE PRIOR TO		
MEDICAL	COPICE	THE OC. CHIN	1 = 0	The divine	1 🗆 YES 2)	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (C	neck only one)			
IX	1 YES 2 NO	1 Ninpetient 2 ER/Outpetient 3 28a. DATE OF INJURY	DOA 4 Nu	rsing Home 5 - Rasidenca	6 Other (Specify) 28d. DESCRIBE HOW INJ	HIEV OCCUREO		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	28c. INJURY AT WORK? 1 YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street, fac	ctory, offica	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,		
COMPLETED	and the same of th	CIAN: To the best of my knowledge, de R: On the basis of examination and/or				er as stated. dus to the cause(s) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	neci N.D		29c. LICENSE NU	MBER	28d. DATE SIGNEO (Month, Day, Year)		
2	30 NAME AND ADDRESS OF PERSON WH							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

Belowere ND

nominial or attending physician. BALTIMORE, MARYLAND 21203-3146 rurs after death. Page 6 may be 📺 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a forms after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 Is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be in the complete of the property of the state of the complete of DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OBERT

EB 08 1990

	FOR STATE REGISTRAR		STATE OF N	MARYLA			TMENT O				MENT		YGIEN						
	1. DECEDENT'S NAME (First,		Too Dog	_								TE OF D	D/	w 1	YEAR . 990		ME OF D		
	4. SOCIAL SECURITY NUMB		Lee Wes	6. AGE (In			IF UNDER 1 YE		IF UNDER			E OF B		, 1			E (State o		M
	219-34-375		1 M 2 X F	b. AGE (III	79	YRS.		Y8	HOURS	MIN.	(Mo	onth, Day	Year)		Cours	(IV)	: (State o	r rorugi	n
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)				96. CITY, TO	WN O	R LOCATE	ON OF DE				9c. COU	NTY OF E	PEATN			
TOR	8145 Libe		m Rd.				Ber	1i	n					Wo	rces	stei			
DIRECTOR	10s. STATE	10b. COUNT				10c. CIT	Y, TOWN OR L		ON							L	INSIDE C		
	MD 10e. STREET AND NUMBER		cester				Ber1:		ZIP COD							_	YES 2		
¥			D.1					101.						10g. CIT	IZEN OF	WHAIC	OUNTR	**	
BY FUNERAL	8145 Lib 11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, OIVE V	YES	2 X NO	ED	If yo	s, spe	ENDENT C	Specify	n, Puer			or No-	Blec	k, Whit	narican I a, etc. Whit		
	15, DEC	EDENT'S EDU	CATION		16a. DECE	DENT'S	USUAL OCCU	PATIO	N .		1	ieb. KIN	OF BU	SINESS/INI	DUSTRY				
	(Specify onl	y highest grade 9-12)	College (1-4 or 5	+)	Ille. Di	o NOT us	work done during retired.)	ig mos	it of worki	ng									
TO BE COMPLETED	7 yrs.				Hous	sewi	fe/Far	mi	ng		H	lome	make	er/Ag	gricu	ı1tı	ıre		
Š	17. FATNER'S NAME (First, M	fiddle, Last)							18. MOT	NER'S NAI	ME (Fin	t, Middle	, Maiden	Sumame)					
Z I	Cha	rlie R	lodney								Ar	nnie	Her	nman					
6	19a. INFORMANT'S NAME (Type/Print)			19b. I	MAILING	ADDRESS (S	reet a	nd Numbe	r or Rural F	Route N	umber, C	ity or Tow	n, State, Zi	p Code)				
F	Ruth Shoc	kley				993	3 Pitt	S	Rd.	Ber	1ir	1, M	ld.	2181	. 1				
	20a METHOD OF DISPOSIT 1 Buriel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem	ovel from State	20b.	PLACE OF other place Riv	DISPOS OPES	ide Ce	of con	tery	metory or				cation -					
	21. SIGNATURE OF TUNERA	SERVICE LI	Surraye							SS OF FA	CILITY	10	8 W	ge Fu illia	ims S	St.			
	23. PART I. Enter the d shock, or h		complications the			th. Do	not enter th	mo-	de of dy	ring, auci	h aa c						Approx	I Betw	veen
	immediate cause (Figure 1) immediate or condition reaulting in death)		a. CAR	DIA C	A	A. P.	2555	A									Onset	and D	eath
NOI	Sequentially flat conditions if any, leading to imme	tions,	b. A S													-	٤	44	S
CERTIFICATION	CAUSE (Disease or Inju	ING	c	OR AS A	CONSEQU	IENCE O	n:									-			
ERT	that initiated avants resulting in death) LAS	т	d	(-),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,															
AL	PART II. Other algolifica	ant condition	na contributing to	death bu	it not res	ulting	in the unde	rlying	cause	given in	Part I		PERFO		24	COM	E AUTOPS ABLE PR PLETION EATH?	HOR TO	
PHYSICIAN: MEDIC																1 🗌	YES 2	□ NO	
AN		TO MEDICAL	Т							DE 4711 404						: .			
2	25. WAS CASE REFERRED 1 EXAMINER?	10 MEDICAL	HOSPITAL:	90 . 500	assauso a	10000	OTHER:			DEATH (Ch									
ΙXS	1 YES 2 NO		1 Inpetient 2		_	26b. TIN	4 Nursin		URY AT	lesidence				INJURY O	CUBED				
4		Pending	(Month,	Day, Year)		IN.	JURY	WO	RK?	□ NO	200.	DESCHI	DE NOW	moon! O	CONED				
BY	2 Accident	Investigation	28e. PLACE	OF INJURY	— At hom	e. ferm.	street, factory				28f. I	OCATIO	N (Street	and Numbe	er or Rum	Route I	Number		_
	3 Suicide 6 4 Homicide	Could not be determined	building	, etc. (Speci	lfy)		.,						wn, State						
COMPLETED	CONSCI ONLY		SICIAN: To the best of													(a) and	manner	an state	ad .
00						Barr	,, opn						,						
BE (296. SIGNATURE AND TITLE		ile	_ ^	.0	_				ENSE NUI		-			TE SIGNE			roar)	
5	30. NAME AND ADDRESS C	OF PERSON W	HO COMPLETED CA	JSE OF DEA	ATN (ITEM	27) (Typ	. Print)												

RIVERSIDE DR.

32. REGISTRAR'S SIGNATURE

SALISBULY

5	ā		60
TO THE HOSPITAL OR ATTENDING PHYSIGIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical prominer man be notified as
De /	age		De l
E H	S.		15
ge 6	ties.	1	E
8	ĕ	(a
death	š	1	闦
after	N B	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	10
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10	11 0	De file	MPC
	Per	200	-

1 - FOR STATE REGISTRAR	STATE OF MARYL		RIMENT OF I		MENTAL HYGIEN REG. NO	Ε		
Robert N.	Williams	Sr.			2. DATE OF DEATH DO O	2 9 TE	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 227 - 83-3/8	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
9a. FACILITY NAME (If not institution, g			9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY		
Fallston	General Hos	spital		Fallst	on	H	arford	
10a. STATE 10b. COI		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?	
Maryland 10c. STREET AND NUMBER	Harford		For	est Hil.	1	10g. CITIZEN	1 YES 2 NO	
1625 Der	nise Drive	Apt.	В	210	50	U	.S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES, GIVE WAR OR D	2 X NO	If yes, s		NC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	or No 14.	RACE — American Indian, Black, Whita, etc. Specify: Jaucasian	
15. DECEDENT'S (Specify only highest g		(Give kind of	USUAL OCCUPATE work done during m		16b. KIND OF BU			
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Fa:	rmer		Fa.	rming		
17. FATHER'S NAME (First, Middle, Last,	,		2 0 2	18. MOTHER'S NA	ME (First, Middle, Maiden			
	ington Spri		William	1	Lilly		erson	
Nunie M. Will	iams	19b. MAILING	Same 8	11	Route Number, City or Tow	n, State, Zip Coo	ole)	
200 METHOD OF DISPOSITION Burial 2 Cremation 3		b. PLACE OF DISPO			20c. LO	CATION — City	or Town, Stata	
signature of funeral service	den Junto	1	22. NAME A Kui Jai	rettsv	eral Home ille. Ma	e rvlan	sville, Md	
23. PART I. Enter the diseases, shock, or heart failt iMMEDIATE CAUSE (Finel disease or condition resulting in death)	era. List only one cause on a	sach lina.	22				, Approximats interval Betwee Onset and Deat	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF		tion	Infal	(E)		
PART II. Other algnificant cond	itions contributing to death	but not resulting	in the underlyle	ng cause given in	Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat	28s. DATE OF INJURY (Month, Day, Year)	26b. TH	ME OF 28c. IN W	JURY AT ORK? YES 2 NO	28d. OESCRIBE HOW 28f. LOCATION (Street			
4 Homicide detarmine 29a. CERTIFIER (Check only)	building, etc. (Spe	ecity) wiedge, death occur	red at the time, dat	e and place, and due	City or Town, State,	nner as stated.		
296. SIGNATURE AND TITLE OF CERT	Browleow	hi n	D	29c. LICENSE NU			GNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON	IN SI	13-621	ATR,	MD a	4014.			
31. DATE FILED (Month, Day, Year)	100 32 PREGISTRAM'S SIG	MATURE SINGLESS	•					

ASSESSMENT ASSESSMENT

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Tales (No. 1997) (1997) and the same of

10 10 (32 10 (32)

FOR

	1 - STATE REGISTRAR	DIALE OF MANT	CERTI					REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Minnie I					-	DATE OF DEATH	v	YEAR 3	TIME OF DEATN	
	MIN NIE	YOU	NG					EBRUARY		90	12:15 a ^M	
			(In yrs. last birthday	MONTHS	R 1 YEAR DAYS	IF UNDER 24 HOURS	HRS. 7. MIN.	(Monto, Day, Vear)	20	8. BIRTNPL Country)	ACE (State or Foreign yland	
	521 51 0001		OU Tho.									
	9a. FACILITY NAME (If not institution, give street a					R LOCATION		N		NTY OF DEA		
3	MARYLAND GENERAL RESIDENCE OF DECEDENT	, HOSPITAL		l B/	ALTI	MORE C	CITY		BAI	TIMOF	RE CITY	
	10s. STATE 10b. COUNTY		10c. C	HTY, TOWN				10d. INSIDE CIT LIMITS?				
5	Maryland			Baltimore						X YES 2 NO		
	100, STREET AND NUMBER	000			101	2122	0		AT COUNTRY?			
	902 Nottingham R	WAS DECEDENT EVER	IN U.S. ARMED	12	WAS DEC			ORIGIN? (Specify Yea		SA		
10	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	2 X NO If yes, specify			Mexican, F	Puerto Rican, etc.)	or No- 14. RACE — American Indian, Black, White, etc. Specific White			
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON pleted)	16a. DECEDENT	of work done	durina mo	ON st of working		16b. KIND OF BUS	INESS/IND	USTRY		
	Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)	Hous	ewif				Н	ome			
5	17. FATHER'S NAME (First, Middle, Last)							(First, Middle, Maiden	Sumeme)			
	Elias Clifton H	opps						ay Day				
2	190. INFORMANT'S NAME (Type/Print) Edward W. Hobbs							te Number, City or Town			MD 21228	
	20a. METHOD OF DISPOSITION	20	Db. PLACE OF DISP							City or Town		
	1 Burisi 2 X Cremation 3 Removal 4 Donation 6 Other (Specify)	from State	Metro						alti	more	, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE Phi No	4	22	NAME AN	AODRESS	OF FACIL	my	F Ma	rula:	nd	
	George E. Ma	cNabb			Bal	timor	e, I	ciety of	3	тута.	i i d	
None	Sequentially list conditions, if any, leading to immediate	POSSIBLE DUE TO (OR AS SUSPECTED DUE TO (OR AS CARDIOPUL	SEPTIC S A CONSEQUENCE MYOCARI A CONSEQUENCE	OF): DIAL OF): ARRES'		RCTION	N				Interval Between Onset and Death	
3	0			4 4								
5	PART II. Other significant conditions co TERMINAL GALL BI			g in tha u	inderlyln	g cause glv	ven in Pa	PERFOR	MED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE	
THE PARTY	CARCINOMA OF THE		OTMORE					_ 1	ĭX NO	0	F DEATH?	
SICIAIN	PNETIMONTA 25. WAS CASE REFERRED TO MEDICAL				26 91	ACE OF OEA	ATH (Check	only one1				
5	EXAMINER? HO	OSPITAL:	rtpatient 3 🗆 DOA	OTHE 4 No	R:			Other (Specify)				
	27. MANNER OF DEATN 1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	7 28b. 1	TIME OF INJURY	28c. INJ WO		2	8d. DESCRIBE NOW I	NJURY OC	CURED		
ם חשו	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUI building, etc. (Sp		n, street, fa	ctory, offic	•	20	61. LOCATION (Street a City or Town, State)	and Number	or Rural Roo	ste Number,	
CIMILEE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN 2 MEDICAL EXAMINER: Or										and manner se stated.	
	29b. SIGNATURE AND TITLE OF CENTIFIER	24				29c. LICEN	SE NUMBE	En és	29d. DAT	E SIGNED A	Honth, Day, Year)	
	N (COLUMN)	at Mil	D F	GY.	4		IV / F	T	0	41	170	
	30. NAME AND ADDRESS OF PURCH WHO CO	AT, MD.	c/o MA		ND GI	ENERAI	HOS	SPITAL				
	FEB 08 1990 July	32. REGISTRAR'S SIC	NATURE	V127-172	11 - 10							

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical
nd cor	burial,	atic e
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Hd Dr	giene	other
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	1 - STATE OF MARYL		TMENT OF H		ENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)			1	2. DATE OF DEATH		3. TIME OF DEATH			
- 1	JOSEPH ZEN	ABAS		02 - 04 - 90 8-40 A						
į		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreig						
	212425750 12 M 2 F Sq. FACILITY NAME (if not institution, give street and number)	YRS.		R LOCATION OF DEAT	10-17-43 Pennsylvania					
FUNERAL DIRECTOR	Harbor Hospital Center		Baltin	nore (City	=====				
E I	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY			
5	Maryland Anne Arundel	В	altimore	re 1 yes 2 ½ No						
A	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
E	127 W. Cedar Hill Road			21225		U.S	.A.			
5	CODOCCO 4 TO MED	WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— I4. RACE — Am Black, White Blac								
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced			2 NO Specify:	r danto intent, etc.;		ecity:			
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	UDUAL COCURATIO		16b. KIND OF BUS		White			
	(Specify only highest grade completed)	(Give kind of w	rork done during mo:	at of working	166. KIND OF BUS	INESS/INDUSTRT				
2	Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade	Machi	nist.		Коррез	re				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		11200	18. MOTHER'S NAME	E (First, Middle, Maiden					
	Joseph Robert Zembas	Sr.		Thelma	a Elizabe	eth Bea	uchamp			
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		ute Number, City or Town					
2	Thomas Zembas	6211	Plantvi	ew Way	Baltimore	e, Maryl	and 21224			
	20a. METHOD OF DISPOSITION 1 № Burlal 2 □ Cremation 3 □ Removal from State	o. PLACE OF DISPOS other place)	ITION (Name of cen	netery, crematory or		CATION — City or				
	4 Donation 5 Other (Specify)	Lakevie	w Memori			esville	, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	~		D ADDRESS OF FACI	urv ice Funera	1 Vene	TD. A			
	* Ceekard Co	ics					Md. 21225			
	PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on e IMMEDIATE CAUSE (Final	d the death. Do n ach lina.					Approximata Interval Between Onset and Death			
	disease or condition a. Heliativa	CONSEQUENCE OF	m 2	t	Circhen	•				
	-	1	^ A				i			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE OF	n: ,							
S	cause. Enter UNDERLYING CAUSE (Disease or injury	1	La ridas	Cir n	in len					
E	that initiated events	CONSEQUENCE OF	7):		\					
#	resulting in death) LAST				1					
	PART II. Other significant conditions contributing to death b	out not reaulting I	n the underlying	cause given in P			4b. WERE AUTOPSY FINDINGS			
ICAL	Mebertre Cucathala hall		VW c13	el dis	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDI		1	2			7 119	OF DEATH?			
2 3					_					
X	25. WAS CASE REFERRED TO MEDICAL		28. PL	ACE OF DEATH (Chec	k only one)					
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outs	petient 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Rasidence S	Other (Specify)					
PHYSICIAN:	27, MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT	28d. DESCRIBE HOW I	NJURY OCCURED				
BY	1 Natural 5 Pending 2 Accident Investigation			rES 2 NO						
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY building, atc. (Special Countries)		street, factory, offic		28f. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,			
91	29a. CERTIFIER									
COMPLETED	(Check only one) CERTIFYING PHYSICIAN: To the best of my know one) MEDICAL EXAMINER: On the basis of examination						e(a) and manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIER		,	29c. LICENSE NUME						
8	0 m 11	· m		ANG. LIGENSE NUMB	PEN .	A 1	ED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)			3 0	W1 70.			
	JOGINDER PMEHTR	HAR	BIR F	16 (PIT 82)	Ponte	Bally	mer mo			
	FFB (8 1990)	ando 92								

at once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deagh. Page 6 in TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directive filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner much

31. DATE FILEDEM BY, 09 1990

	1 - STATE REGISTRAR	STATE OF N		ERTIF						REG. NO.	t		
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			. TIME OF DEATH
	ANDREW		ASHFO	RD					MONTH 2	6		EAR I	M
	4. SOCIAL SECURITY NUMBER	5. \$EX	6. AGE (in yrs. i		IF UNDER	_	IF UNDER		7. DATE OF (Month, D			BIRTHPL Country)	ACE (State or Foreign
	249-09-9631	1 X M 2 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	09-2			Country)	S - C
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN	R LOCATIO	ON OF DE			9c. COUNTY	OF DEA	TH
OR	2320 E. EAGER S	TREET			BA	LTIM	ORE,	MD			BALTI	MORE	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		100 00	Y, TOWN								Od. (NSIDE CITY
IR.													LIMITS?
	100. STREET AND NUMBER	-		I BA	LTIM	ORE	CITY				10o. CITIZEN	_	AT COUNTRY?
FUNERAL	2320 EAST EAG	ER STRE	ET					213				SA	
N N	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. /		13.	WAS DEC	ENUENI Č	F HISPAN	IC ORIGIN? (Specify Yes			- American Indian, White, etc.
	1 Never Married 2 Married		YES 2				2 NO		n, Puarto Rici	in, etc.)		Specific	Nack
ВУ	3 Widowed 4 Divorced						X	,,,,,				, D	Tack
ED.	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		DECEDENT'S	work done	during mo	ON st of workin	ng	16b. KI	ND OF BU	SINESS/INDUS	TRY	
	Elementary/Secondary (0-12) gth grade	College (1-4 or 5	+)	ife. Do NOT u									
COMPLET				LAND	SCAP	ING					TIRED		
	17. FATHER'S NAME (First, Middle, Last)						18. MOTI		ME (First, Mide			7	
BE	HENRY ASHFORD 190, INFORMANT'S NAME (Type/Print)	-									hfore		
2	The second control of the second										n, Stata, Zip Co	21	206
1	FDWARD ASHEORD		20h PLAC	E OF DISPO	T I'II	DL1N	L KU	WD\B	ALTIMO	DR F	MD CATION — CIII		
	1 M Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other	place) ALTIM							TIMORE		
	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE	<u> </u>	ALTIN			O ADDRE	- 10-	CILITY	1 5112	1 11101(2	,,110	•
	Marian	M.	1										
	23. PART I. Enter the diseases, or o	UMM		death De	- W	M. C	. MA	RCH	F/H 1.	101 E	. NORT	H A	
	ahock, or heart failure.	List only one cer	use on each li	ne.	not ente	the mo	de or dy	ing, iluc	n aa carola	c or resp	ratory arrest	(,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	1 chan	L. Co	e.l .		A							Onset and Death
- 8	reaulting in death)	a. Scher	MIC (CL	COLLON	440	pari	14						10 years
_ [_	502.10	(on AS A CONS	SEO DENGE	<i>n</i>). —	•							,
CERTIFICATION	Sequentially list conditions,	bOUE TO	(OR AS A CONS	SEOUENCE C	PF:								†
AT	If any, leading to immediate cause. Enter UNDERLYING												
F	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONS	SEOUENCE C	F):								
H	reaulting in death) LAST	d.											
	PART II. Other significent condition	a contribution to	death but as	0	In the s	111		aluca la	Post I I a		AUTOPSY		TOTAL MINISTER CONTRACTOR
PHYSICIAN: MEDICAL	PART II. Other significent condition	- contributing to	death but no	c reediting	in the u	nderiyin	g ceuse i	given in		PERFO	MED?	A	MAILABLE PRIOR TO COMPLETION OF CAUSE
ă									1	YES 2	NO	0	F DEATH?
M									—			1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 Pi	ACE OF D	EATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	E9/Outpatient	2 🗆 004	OTHE	R:	-	-	a Other (S	S			
H	27. MANNER OF DEATH	28a. DATE OF	F INJURY	28b. TII	1	28c. tNJ		sardence			NJURY OCCUP	RED	
	1 Netural 5 Pending	(Month, I	Day, Year)	84	JURY		PRK? YES 2 [NO					
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At	home, ferm,	street, fac	tory, offic	a				and Number or	Rurei Roi	rte Number,
COMPLETED	4 Homicide datarmined	bullaing	, etc. (Specify)						City or	Town, State,	'		
E	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the heat o	f my knowledge	death occur	red at the	time data	and place	and due	to the cause	(a) and ma	nner as stated		
MP	(Check only one) 2 MEDICAL EXAMINE												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE							ENSE NUI					Aonth, Day, Year)
BE	O.	110					D	2	11-0		≥ 2	1 1	(O
2	30. NAME AND ADDRESS OF PERSON WA		JSE OF DEATH (I	TEM 27) (Typ	e, Print)		00	23,	723			171	(-
	(000 East	Eager	Shreed			0.8.		1./	A 2	120	7		

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BACTIMORE, MARYLAND 21203-3146	ID THE HUSHIAL UR ALIENDING PRISURAN: The law requires that the obeat certificate be executed within a control of the restrict
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	FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) Otto Frede	rick BE	/ERUNGEN		2. DATE OF DEATH MONTH February	, 1990°	3. TIME OF DEATH 5:30 a M			
	4. SOCIAL SECURITY NUMBER 212-40-4291	500.00	1 /	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03 // 0	S. BIF	RTHPLACE (State or Foreign intry)			
OR	90. FACILITY NAME (If not Institution, give s Franklin Square		91	ROSSVILLE	EATH	9c. COUNTY OF Balt:	imore			
DIRECTOR	10a. STATE 10b. COUNT	altimore	10c. CITY, T	OWN OR LOCATION Dundalk			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL (100. STREET AND NUMBER 7612 Old Battl		d	101. ZIP CODE 21222		10g. CITIZEN OF	F WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR SERVICE WAR OF	R IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico 1 YES 2 NO Specifi	en, Puerto Ricen, etc.)	or No — 14. RA	ACE — American Indian, ack, White, atc.			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6+) T. FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Fineman 16b. KIND OF BUSINESS/INDUSTRY Balto (ity Fire Dept.) 17. FATHER'S NAME (First, Middle, Melden Surname)										
17. FATHER'S NAME (First, Middle, Leet) Heinrich Beverungen The Albert Manual Constitution of the Consti										
10	George H. Beveru		909 Ros	press (Street and Number or Rural Remont Drive Jo	ppa, Md. 210	085				
	20e. METHOD OF DISPOSITION 1 M. Buriel 2 Cremetton 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemeter), cremetory or other place) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemeter), cremetory or other place) 20c. LOCATION — City or Town, State									
	- Charle	D. Beil	-	Charles S.Zei		Inc. 6	224 astern Ave.			
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Bifascio Bifascio Coronar DUE TO (OR A	tular heart s a consequence of: A consequence of: A consequence of: A consequence of: S a consequence of:	block	ch as cardisc or reapir	story srrest,	Approximats Interval Between Onset and Death			
	PART II. Other circuitions applicant	d.								
PHYSICIAN: MEDICAL	PART II. Other aignificant condition	s contributing to geet	n but not resulting in t	ne underlying cause given in	Pert I. 24a. WAS AN / PERFORI 1 TYES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)					
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	26a. DATE OF INJUI (Month, Day, Yea	Y 26b. TIME O		6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (3	JRY — At home, farm, atre- pocify)	et, factory, office	261. LOCATION (Street as City or Town, State)	nd Number or Flur	al Route Number,			
COMPLETED	anni			nt the time, data and piece, and du			se(a) and menner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	Self	/	29c. LICENSE NU	MBER	₽Z-7	IED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WE Jonathan Seider	nberg, M.D.	9000 Fr	anklin Square	Drive, Balt	imore,	Md. 21237			
	FEB 0 9 1990	32 REGISTRAR'S S	GNATUS ANGLES							

TO BE COMPLETED BY FUNERAL DIRECTOR

	once.
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	must
ii.	any injury, or other traumatic event, the medical examiner must be netfill
death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	medical
ation.	the
crem	vent,
pnujal	atle e
rior to	Lanum
ygiene p	other
H	0
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alth an	any
of He	marked, or Item 23 shows any
Dept.	23
State	Item
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death	s mai

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If Item 28 |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL	HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, La C .	Bro	wn			2. DATE O	OF DEATH DA	6 9	3. T	6:39 Am
4. SOCIAL SECURITY NUMBER 216 28 1386	1 🗆 M 2 🔀 🕴	5 9 YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	,	24/30		County).	CE (State or Foreign
9a. FACILITY NAME (If not institution, gi	tt Key		Baltin	R LOCATION OF DE	ATH		9c. COUNTY	OF DEATH	
RESIDENCE OF DECEDENT		Las Arry TV	OWN OR LOCAT	1041				Land	. INSIDE CITY
Md. B	alto.		ers S	tation				ů.	LIMITS? YES 2 NO
100. STREET AND NUMBER 113 Chestnut	St.		101.	21222			10g. CITIZE	S.A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 NO	It yes, spe	ENDENT OF HISPAN Holfy Cubsn, Maxicar 2 NO Specify	n, Puarto R			Black, Who Specify:	Merican Indian, lita, etc.
15. DECEDENT'S 8 (Specify only highest gi	EDUCATION ade completed) College (1-4 or 5 +)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mod tired.)	at of working	16b.	KIND OF BUS	INESS/INDUS	TRY	
		Нс	ousewi						
17. FATHER'S NAME (First, Middle, Last)				10. MOTHER'S NAI	, .		Sumame)		
Sam 19a. INFORMANT'S NAME (Type/Print)	Harris	10h MAILING AD	DDECC /Charle	Geneva		_	State Vie Co	adm)	
Rev. Eddie B	rown. Sr.			nut St.				100	22
20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITIO			. Da		CATION — City		
XXBurial 2 Cremation 3 R		Arbutu	ıs			Bal	to. I	Md.	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			A. Mon					
quante.	D. mortin)		Laurens				БМ	21217
23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List Dnly one cause on ea	ich line.		lebsi			ratory arrea	t,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF:	c C	wan	LON	20-			3/2 Minds
PART II. Other significant condi	tiona contributing to death be	ut not reaulting in t	he underlying	g cause given in	Part I.	24a. WAS AN PERFOR	MED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICA			00 50	ACE OF DEATH (Che	ack ont: a-	e1			
EXAMINER?	HOSPITAL:		THER:	o 5 Rasidenca					
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. tNJ	URY AT		CRIBE HOW II	NJURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigati	(Month, Day, Year)	INJURY		RK? (ES 2 NO					
3 Suicide 6 Could not 4 Homicida detarmine		— At home, farm, stree	et, factory, offic		28t. LOC. City	ATION (Street a or Town, State)	and Number or	Rural Route	Number,
CONSUM DITTY	HYSICIAN: To the best of my knowl								d manner as stated.
20b. SIGNATURE AND TITLE OF CERT	ma.	Seniork	evide 5	29c. LICENSE NUN	MBER 738	72	29d. DATE S	BIGNED (Mo	gth, Day, Year)
30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CHUSE OF DE	ATH (ITEM 27) (1/pm, Pri	cis (cold	1. 1	en/	701	00	anter
FFB"081990"	gulia to attribute and	etielle.				0	470	- 0	and the second

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BATTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are not be retained by the hospital or attending physician and completely filled in the second by detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
be fined within 72 fours arise death with the Salar Dept. or retain any mental representation to the median committee and the median committee at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	(CERTIF	ICATE OF	DEATH	REG. N	D.		
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH MONTH	DAY	YEAR 3.	. TIME OF OEATN
	MARVIN K.	BALLENGEE				FEBRUARY		990	4. 20 n M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign
	234 16 7106	1½ M 2 □ F 71	YRS.	MONTHS DAYS	HOURS MIN.	Nov. 16,	1918		Virginia
	9a. FACILITY NAME (If not institution, give st			9b. CITY, TOWH O	OR LOCATION OF DE	ATH	9c. COU	NTY OF OEA	тн
OR	THE JOHNS HOPE	KINS HOSPITAL		BALTIM	ORE CIT	Y	BA	LTIMO	RE
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	Tage CIT	Y, TOWN OR LOCAT	TION				Od. INSIDE CITY
<u>E</u>		n/a		intingto					LIMITS?
	10e. STREET AND NUMBER	11/4	1110		, ZIP CODE		10a, CITI		AT COUNTRY?
H.	122 Midvale Dr	ive			25705			S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.		13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify)		14. RACE	- American Indian,
	1 Never Married 2 X Married	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	™ NO		ecify Cuban, Mexica 2 10 NO Specify	n, Puarlo Rican, atc.)		Black, V Specify:	White, etc.
ВУ	3 Wildowed 4 Olvorced								nite
	15. OECEDENT'S EDUC (Specify only highest grade	CATION 18a. completed)	(Give kind of a	USUAL OCCUPATION	ON est of working	16b. KINO OF B	USINESS/INC	JUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 8+)	ilfe. Do NOT ut			6.11		_	
COMPLETED		4 Sa	res Ke	epresenta		Ciba-		Co.	
	17. FATHER'S NAME (First, Middle, Lest) Bruns Balleng	-00				ME (First, Middle, Maid Clara Stra			
BE	19a. INFORMANT'S NAME (Type/Print)	ee	401 14411 1410	ADODESO		Route Number, City or T		0.11	
6	Mary Jones Ballen	ree (wife)		ne as 10	ind number or Hurai	Houte Number, City or I	own, State, Zip) Code)	
	20a, METHOD OF DISPOSITION			SITION (Name of cer	melany cramatory or	200	OCATION -	City or Town	Rtate
	1 X Burlel 2 Cremation 3 Reme 4 Donation 8 Other (Specify)	oval from State othe	v place)		l Burial			ton,	
	21. SIGNATURE OF FUNERAL SERVICE LIC		Clawii		ND ADDRESS OF FA		TILL TILE	LOII,	WV
	× 1)	DON	100	Caj	pitol Fur	neral Ser	rice		
	23. PART I. Enter the diseases, or o	POXIXVU	ues	// Fa.	lls Churc	ch, VA			1.4
	ahock, or heart failure.	List only one ceuse on each	ilne.	not enter the mo	de or dying, suc	n es cerdiec or rea	ipiratory ar	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	1		2 4 4 5	0)				Onaet and Death
	reaulting in death)	a. NEDATO CETTOTA	CC! (arcinin	na			_	y nuntrio
_		. hepato cellul hepato cellul Intraabdon	in al	Dan.	- has				4 hours
O		DUE TO (OR AS A CON	ISEQUENCE O	PF):	ornage				a mas
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	•							
F	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	SEQUENCE O	F):					
FR	resulting in death) LAST	d							
ō	PART II. Other algnificant condition	a contributing to death but n	ot resulting	in the underlyin	a cause given in	Part I. 24e, WAS	AN AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
DICAL						PERF	ORMED?	A	WAILABLE PRIOR TO COMPLETION OF CAUSE
ED						1 □ YES	2 NO		OF DEATH?
: ME						_		'	YE8 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C)	neck only one)			
SIC	EXAMINER?	HOSPITAL: 1 Pinpatient 2 ER/Outpatien	4 3 T DOA	OTHER:		8 Other (Specify)			
H	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. Tik	WE OF 28c. IN	JURY AT	28d. OESCRIBE NO	W INJURY OC	CURED	
	1 Natural 8 Pending	(Month, Day, Year)	IN		YES 2 NO				
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY A	it home, farm,	atreet, factory, offic	00	281. LOCATION (Stre		or Rural Ros	ute Number,
TEL	4 Nomicide detarmined	building, atc. (Specify)				City or Town, Sti	100)		
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowledge	, death occur	red at the time, date	and place, and du	to the cause(s) and	nanner as str	nted.	
N N	one)	ER: On the basis of examination and							and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DA	TE SIGNED (Month, Day, Year)
BE	In mail	k mio			0382		>	2/4/	190
5	30. NAME AND ADDRESS OF FERSON WH	O COMPLETED CAUSE OF DEATH	(FTEM 27) (Type	e, Print)			HOS	PITHL	1
	Judith V.	Redd & M D- MU	dical	intem	660N.	Wolfe St	rect,	BALT .	MD.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	RE XI	2					
	02/0F/EB, 0 9 199	an Sula Davidson	-Navlan	State of the state					

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IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	rithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
pa	Com	al,	5
поаха	and (o buri	matic
8	ician	ior	DEL.
cate	Phys	e p	er t
ertifi	Bu	gien	100
th c	endi	Ŧ	0
deal	att	enta	Ę,
the	the the	N	Ē
that	d b	an an	M
Sau	signe	leaft	50
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WE	S	ept.	23
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Q	R. A	p is	60
E	2	affe	28
OR /	DIRE	hours	Item
K	ME	2	=
OSP	UNEF	ithin	N.

for 1 - STATE REGISTRAR		STATE OF MA	RYLAND	/ DEPAR	TMENT O	F HI	EALTH AI	M DV		HYGIENI	E			
1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF			YEAR	3. TIME OF D	EATH
HARRY	Mor	ton BAI	KER .	Sr.					MONTH 0.2	0.7		990	8:16	Ам
	4. SOCIAL SECURITY NUMBER 5. SEX				IF UNDER 1 YE	-	IF UNDER 24	_	7. DATE OF	BIRTH		8. BIRTHPLACE (State or Foreign Country)		or Foreign
219-01-33	399	1 W 2 F						1-18				yland	E	
	e. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
THE JOHNS RESIDENCE OF DE 10e. STATE Maryland	HOPKIN	S HOSPITA	_		BALTIMORE CITY			ΓY	BALTIM			TIMO	10RE	
10a. STATE	10b. COUNTY		10c. CITY, TOWN OR LOCATION Monkton									10d. INSIDE (CITY	
Maryland													LIMITS?	X NO
10a. STREET AND NUMBER 4153 Old 11. MARITAL STATUS		Road					ZIP CODE				10g. CITI		WHAT COUNTR	Y?
I I Here Merried 2 kg	11. MARITAL STATUS 1 Never Merried					13. WAS DECENDENT OF HISPANIC ORIGING 11 year, specify Cuben, Mexican, Puerting 1 YES 2 A NO Specify:			Puerto Rican, etc.) Bio			Black	ACE — American Indian, lack, White, etc.	
	CEDENT'S EDUC	CATION	16a.	DECEDENT'S	USUAL OCCU	IPATIO	N		16b. Kil	ND OF BUS	INESS/IND			
15. DEI (Specify on Elementary/Secondery (0-12)	College (1-4 or 5 +)	G	(Give kind of w ille. Do NOT us rinde:	e retired.)	_	_		Sp	ecia	1t.v	Win	re Co	
17. FATHER'S NAME (First, A			101		- OPC			'S NAM	E (First, Midd					
									Rees		Junite (1/8)			
100 INFORMANT'S NAME				19h MAH ING	ADDRESS (S	troot ==		_			State 7to	Code		
Evelyn Ba							G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Old York Rd., Monkton, MD 21111							
20a, METHOD OF DISPOSI 1 M Burlal 2 Cremeti 4 Donation 5 Othe		oval from State	othe	ce of dispos nmalin				, -	ery	200.00	enix			
21. SIGNATURE OF FUNER	AL SERVICE LIC	DENISEE			22. NAME AND ADDRESS OF FACILITY									
Than	lus T.	Gowen			J. J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA 1						1734			
iMMEDIATE CAUSE (Fi	neart fallure.	List only one ceues	on aach i				de of dying	, such	es cardied	or reapl	ratory arr	rest,	intarva	ximata il Betwaen and Death
reaulting in death)		DUE TO (O	R AS A CON	SEQUENCE OF	7):		,						77	
Sequentially list condi	tions,	b. PUOD	EN AC.	PER SEQUENCE OF	FULL A	TLO !	$\nu_{}$						16	15125
if any, leading to imme	ediate					00	AR NV						15	1100
CAUSE (Disease or in)				CMR(VPI	7/17/						13	yra.
Sequantially list condi if any, leading to immore cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:	ST	d		- 100 ENOE OF	,									
	ant condition	na contributing to de	ath but or	ot resulting i	n the unde	rlvina	Cause of	en in D	Part i Ta	ia. WAS AN	ALITOPEV	244	. WERE AUTOP:	EV EIMOIMOS
PART II. Other aignific			rutii WUL AL	or readiting I	uia uiida	Liymig	i cansa Ain	en all P		PERFOR	MED?	246	AVAILABLE PR COMPLETION OF DEATH?	NOR TO
									_				1 TYES 2	NO NO
25. WAS CASE REFERRED	TO MEDICAL					28. PL	ACE OF OEA	H (Chec	ck only one)				-	
EXAMINER?		HOSPITAL:	R/Outpatien	t 3 DOA	OTHER:		s 5 🗆 Resid			(nectiv)				
27. MANNER OF DEATH	Pending	28e. OATE OF IN (Month, Day,	JURY	28b. TIM	E OF 28 URY	lc. INJU	URY AT RK?	T	26d. DESCR		NJURY OC	CURED		
2 Accident	Investigation Could not be	26e. PLACE OF a building, et	NJURY At	t home, farm, a			YES 2 N	-	281. LOCATE City or	ON (Street (Town, State)	nd Number	r or Rural	Route Number,	
3 Surrice 8 Could not be building, etc. (Specify)														
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner of the cause(a) and manner of the cause(b) and manner of the cause(c) and manner of the caus								d due t	o the cause	(a) end mar				
29a. CERTIFIER (Check only one) 2 MEI		ER: On the basis of exa	ninstion end	/or investigation	n, in my opin	ion, de	eath occured	at the ti	lme, date an	d place, an	d due to th	he cause(e) and manner	ee stated.
III 20h SIGNATURE AND TITI	DICAL EXAMINE	ER: On the basis of exa	ninstion end	/or investigatio	n, in my opin	Hon, de				d place, an				717
29a. CERTIFIER (Check only one) 2 MEI	DICAL EXAMINE	ER: On the basis of exa	ninetion end	/or investigation	n, in my opin	Hon, de	29c. LICENS	E NUME	BER	d place, an			e) end manner O (Month, Day, 1	717

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MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE STATE REGISTRAR		FICATE OF		MENTAL HYGIEN REG. NO.	E			
9	1. DECEDENT'S NAME (First, Middle, Last)	- R	PAULA	1	2. DATE OF DEATH DA		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX	i. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1, 1990	ATHPLACE (State or Foreign		
2	219-10-4865 10 M2×F	72 YRS.	MONTHS DAYS	HOURS MIN.	8/16/1	Co	aryland		
œ	9e. FACILITY NAME (If not institution, give etreet end number)	1	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	0 .		
CTO	RESIDENCE OF DECEDENT HOSPITE)/	Fallstr	h, MD	21047	Mar	ford		
DIRECTOR	100. STATED 100. COUNTY Harford		TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	10e. STREET AND NUMBER			1. ZIP CODE			F WHAT COUNTRY?		
FUNERAL	1605 Sako Court			21014		U.S.A			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 X NO R OR DATES	13. WAS DE	CENDENT OF HISPAN secify Cuban, Mexica 3 2X NO Specify	NC ORIGIN? (Specify Yea n, Puerto Ricen, etc.) /:	Bi Sr	ACE — American Indian, lack, White, etc. Decily: hite		
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S (Give kind of life, Do NOT	S USUAL OCCUPATI work done during m	ON ost of working	18b. KIND OF BUS	INESS/INDUSTRY	*		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Assemb			Airpla	ne MFC			
COM	17. FATHER'S NAME (First, Middle, Last)			Transaction of	ME (First, Middle, Meiden	Surname)			
BE	Edwin M. Swam	200 11000			M. Ensor		-		
5	C. Jacob Swam				, Freelan				
1	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State	20b. PLACE OF DISPO	OSITION (Name of ce	metery cremetory or	20c. LO	CATION - City or	Town, State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Mt. Zio	n Cemet	HE ADDRESS OF FA		eland,	MD		
K _a	· Richard & Maf	ell	J.J. 24 Se	Hartens cond St	tein Mor	tuary, reedom	Inc. n, PA 17349		
	23. PART I. Enter the diseases, or complications that shock, or heart fellure. List only one cause	ceused the death. Do e on each line.	not enter the me	ode of dylng, suc	h as cerdiac or respi	ratory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	O DUM ON OR AS A CONSEQUENCE	OES-	rest		2/4/	90 9Am		
NO	Sequentially list conditions, b. END-	Stage Co	ngentin	Hear	t failur	æ	7mo		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events CAUSE (Disease or Injury Due 10 (OR AS A CONSEQUENCE OF): DUE 10 (OR AS A CONSEQUENCE OF):								
ERT	resulting in deeth) LAST	ar hour	+ Disea	se, As	MS		year		
	PART II. Other significent conditions contributing to d	eeth but not recuiting	in the underlylr	g cause given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICAL							1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (Ch	eck only one)				
YSIC	EXAMINER? 1 YES 2 NO 1 Input 2	ER/Outpatient 3 🗆 DOA	OTHER: 4 - Nursing Hor	ne 5 🗆 Residence	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 D Natural 5 Pending Investigation 28a. DATE OF I		NJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED			
	3 Sulcide 200 Sent 280. PLACE OF	INJURY — At home, farm tc. (Specify)	, street, factory, offi	00	28f. LOCATION (Street of City or Town, State)	and Number or Ru	ral Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examiners on the basic of examiners.						se(s) and manner as stated,		
BE CC	29b. SIGNATURE AND TUTLE OF CERTIFIER	Aru,	(Q.)	29c. LICENSE NUI			NED (Monthy Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE A Dr. A		Palls	L. 1	עד רע	2/04	7		
	1000	's signature and all		104, /	<i>'U</i>	2107	<i>I</i>		
	1 50 00 1000 1								

DHMH-18 Rev 1/89

(BALTIMORE, MARTLAND 21203-3146	rs after death. Page 6 may experience by the hospital or attending physician.	n by the funeral director, page 5 months centered for use as the burial-tran removal.	dical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Par 6 mou proposition or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 per central of the last of the last hand Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. TEB 09 1990

1. DECEDENT'S NAME (First, Middle,	rence,	Car	ey					MONT	OF DEATH DA	6.19	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214 62 8182	5. SEX		GE (In yrs. lest bir		IF UNDER 1 3	EAR IF UNI	DER 24 HRS.	7. DATE (Mont	OF BIRTH h, Day, Year) 22,195		8. BIRT	HPLACE (State or Foreign try) ARYLAND
98. FACILITY NAME (If not institution,	-	or)	33			OWN OR LOCA			22,193		NTY OF	
RESIDENCE OF DECEDEN 10a. STATE 10b. CO MARYLAND	DUNTY		1	10c. CITY, TOWN OR LOCATION BALTIMORE								10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER						10f. ZIP C	ODE		10g. CITIZEN OF WHAT CO			
1315 F MADTS 11 MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DEC	EDENT EVE	ER IN U.S. ARMEI 'ES 2XXNO IR DATES	ED .	If y		ben, Maxic	en, Puerto	Y? (Specify Yes Rican, etc.)		14. RAC Bled	F A. E — American Indian, ck, White, etc. PHY: BLACK
15, DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 0-12		or 5+)	(Give I	kind of w	e retired.)	UPATION ing most of wo	rking	164	BAKE			
17. FATHER'S NAME (First, Middle, Las	t)			DILL	CDIC	16. M	OTHER'S NA	ME (First,	Middle, Malden			
WILLARD CARRIN					ADDRESS (FANNI		EEN ber, City or Town	- Plate 76	o Contro	
Ms. DARNELL C		SISTE				ISON						AND 21205
20a. METHOD OF DISPOSITION 1 Burfal 2x Cremation 3 Removal from State 4 Donation 6 Other (Specify) METRO CREMATORY, INC. 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) METRO CREMATORY, INC. CATONSVILLE, MARYLAND												
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	1			00.000	ME AND ADD		CII ITY	-		-	
23. PART I. Enter the diseases	or complication	we	and the deeth	h. Do n	LEV 451	VIS T.	GWYN K HEI	N FU	AVE.	BALT	IMOR	215-6393 E, MARYLAND
23. PART I. Enter the diseases shock, pr heert fail IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ure. List only on	Gra	AS A CONSEQUE	FICE OF	LEW 451 ot enter th	VIS T. 17 PAR 10 mode of	GWYN K HEI dying, suc	GHTS	AVE	BALT:	IMOR	E, MARYLAND Approximate interval Between Onset and Deat 2 days
shock, pr heert fai IMMEDIATE CAUSE (Finel disease or condition	e	G F G UE TO (OR)	AS A CONSEQUE	ENCE OF	LEV 453	VIS T. 17 PAR 10 mode of	GWYN K HEI dying, suc	GHTS	AVE.	BALT:	IMOR	E, MARYLAND Approximate interval Between Onset and Deat 2 days
shock, pr heert fai IMMEDIATE CAUSE (Finel diseese or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	bDi	UE TO (OR /	AS A CONSEQUE The trace of the	ENCE OF	LEV 45.3 oot enter the	VIS T. 17 PAR 10 mode of	GWYN K HEI dying, suc	CGHTS ch as car	AVE	BAL/T ratory ar	IMOR	E, MARYLAND Approximate interval Between Onset and Deat 2 days
shock, pr heert fai IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Di c. Di d. HOSPITA	GFA UE TO (OR A UE TO (OR A UE TO (OR A LE:	AS A CONSEQUE The trace of the	ENCE OF	LEV 45 3 oot enter the very service of the service	VIS T. 17 PAR 10 mode of	GWYN K HEI dying, suc	GHTS ch as carried a (sur	AVE . diac or respi	BAL/T ratory ar	IMOR	E, MARYLAND Approximate interval Between Onset end Deat 2 day (at 1775) b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, pr heert fal IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conductions EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Netural a Pending investige	b. Di d. Sitions contributi AL HOSPITA Impater 28a. Di 28a. Di 28a. Pi	GFA UE TO (OR A UE TO (OR A UE TO (OR A LE TO (OR A	AS A CONSEQUE The trace of the	ENCE OF	LEV 45 3 oot enter the variation of the state of the variation of the vari	VIS T. 17 PAR 18 mode of Sipp Sipp 28. PLACE O 19 Home 5 10 WORK? 11 YES	GWYN K HET dying, suc	Part I.	AVE diac or respiratory Agol C/2d 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	IMOR rest,	Approximate interval Between Onset end Deat 2 day year Artic
shock, pr heert fai IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant cond EXAMINER? 1 YES 2 25. WAS CASE REFERREO TO MEDIC EXAMINER? 1 YES 2 Accident 3 Suicide 6 Could in Homicide determine	b. Di c. Di d. HOSPITA I Inpeter 28s. DA 18ton Rt be	GFA UE TO (OR A UE TO (OR A UE TO (OR A UE TO (OR A L: C = RA TE OF INJUINITY, Day, Ye ACE OF INJUINITY, Day, Ye	AS A CONSEQUE The fraction of the first consequence of the first conse	DOA DOA TIMI	LEV 45 3 oot enter the content of th	PIS T. 17 PAR 18 mode of Sep 9 28 PLACE Of 19 Home 5 10 WORK? 1 YES 1, office	GWYN K HEI dying, suc	Part I.	AVE . diac or respi	AUTOPSY IMED?	IMOR rest, an OL 24	Approximate interval Between Onset end Deat 2 day year Artic
shock, pr heert fail IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the cause of the caus	b. Di c. Di d. HOSPITA Inpeter 28a. DA PHYSICIAN: To the 8	GFA UE TO (OR A UE TO (OR A UE TO (OR A UE TO (OR A ACE OF INJUDICITY, Dey, Ye ACE OF INJUDICITY, DEP, YE A	AS A CONSEQUE In trac AS A CONSEQUE The but not resi ETOH Outpatient 3 INTY 2 IURY — At home (Specify)	DOA TIMI	LEV 45 3 oot enter the content of th	PIS T. 7 PAR 10 mode of Sep 9 26 PLACE Of 10 g Home 5 10 WORK? 11 YES 11 YES 11 YES 12 y, office	GWYN K HEI dying, suc	Part I.	AVE diac or respi	AUTOPSY IMED?	IMOR rest, an UL 24 couned or or Rural	Approximate interval Between Onset end Deat 2 day year Artic

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32, BEGISTRAR'S SIGNATURE

sergential 100 21 E

BALTIMORE, MARYLAND 21203-3146	eath. Page 5 new be retained by the hospital or attending physic	e foreral director, page 5 should be detached for use as the burial U.	examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after eath. Page 5 nay be retained by the hospital or attending physic	TO THE FUNERAL ORECTOR. After this certificate has been signed by the attending physician and completely filled in by the libraral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

PETER L

31. DATE FILED (Month, Day, Year)

FEB 09 1990

WISNIEWSKI LOCH RAVEN

32. REGISTRAR'S SIGNATURE

SUPE DEVIACIONALIZATION

	1 - FOR STATE REGISTRAR		STATE OF I			RTMENT OF			MENTAL HYGII					
- 9	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF DEATH			3. TIME OF DEAT		
	GEORGE P	. COR	RKRIN						MONTH 2	DAY	9 O	8:35	PH	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTI							6. BIRT	HPLACE (State or Fo	_	
	217-03-419	8	1 M 2 🗆 F	1 M 2 □ F 74 YRS. MONTHS DAYS HOURS MIN.						(Month, Day, Year) 76/13/15 Maryland				
	9a. FACILITY NAME (If not in	stitution, give s	street and number)			96. CITY, TOWN	OR LOCATI	ON OF DE	1	9c. CO	UNTY OF			
DIRECTOR	Loch Raven Veterans Hospital Baltimore							e						
EC	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCA	ATION					10d. INSIDE CITY	Y	
H	Maryland					Baltimo	re				LIMITS?	NO		
	10. STREET AND NUMBER						of. ZIP COD	E		10g. C	ITIZEN OF	WHAT COUNTRY?		
FUNERAL	549 Brisbane Road						2	1229			U.S.A	Α.		
N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF								IC ORIGIN? (Specify	Yea or No-	14. RAC	E — American indi	en,	
	1 Naver Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES						pecify Cubi		n, Puerto Ricen, etc.)		Spec	ok, White, etc.		
84	3 Widowed 4 Divo	roed	l ww	II								White		
	15. DECEDENT'S EDUCATION 16a. DI (Specify only highest grade completed) (G					Work done during in the retired.)	ION lost of world	na	16b. KIND OF	BUSINESS/I	NDUSTRY			
W .	Elementary/Secondary (0-12) College (1-4 or 5+)													
MP	10th Grade					kman				n Con				
COMPLETED	17. FATHER'S NAME (First, M								ME (First, Middle, Mak)			
96	George C.		.n					athe	rine E.	Fisse				
0	19a. INFORMANT'S NAME (7			11					Route Number, City or					
-	Mary A. Corkrin 549 Brisbane Road Baltimore, Maryland 212										21229			
	20e. METHOD OF DISPOSITION Control of Disposition Control of Dispo													
	21. SIGNAPHINE OF FUNERIA	L SERVICE LL	CENSEE			22. NAME	AND ADDRE	SS OF FA	DILITY		10, 1	iar y rana		
	Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, Md.									id. 212	29			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory street, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) RENAL FAILURE DUE TO (OR AS A CONSEQUENCE OF):										Approximinterval Bonset and Codu Codu Codu Le du 4 ue	etween d Death		
										1. 1.	0			
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									10 00	yo			
A	if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury									14 110	11.44			
F	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										1 46	wa		
F	resulting in death) LAS	T	4											
S			V .											
ICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.								PER	AN AUTOPS	Y 24	b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION DF	TO	
MEDIC	1 TYES 2 NO										OF DEATH?	NO		
-														
A	25. WAS CASE REFERRED T	O MEDICAL				26.	PLACE OF I	DEATH (Ch	eck only one)					
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	me 6 🗆 B	esidence	6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE O	INJURY	26b. TII	ME OF 28c. II	JURY AT		26d. DESCRIBE HO	W INJURY C	CCURED			
	II /= -	Pending Investigation	(Month, I	Juy, rear)			YES 2	□ NO						
ED BY	3 Suicide a	Could not be determined	28e. PLACE (building	OF INJURY — At h	ome, farm,	street, factory, off	ice		28f. LOCATION (Str. City or Town, St		ber or Rural	Route Number,		
COMPLET	one) -		IICIAN: To the best o											
00	2 MED	ICAL EXAMIN	ER: On the beels of	examination and/or	r investigati	on, in my opinion,	death occu	red at the	time, data and place	, and due to	the cause	(a) and manner as (stated.	
BE (296. SIGNATURE AND TITLE	OF CERTIFIE	R L.A	1)	1//< 5.1 4	Enve le		ENSE NU	ABER .	29d. D	ATE SIGNE	D (Month, Day, Year)		
2	30. WAME AND ADDRESS O	F PERSON WI	HO COMPLETED CAL			e, Print))[6	2/7	190		

BALT, MD

HOSPITAL

VETERANS

BALTIMONE, MARYLAND 21203-3146	and the hospital or attending physician.	ge stream be detached for use as the burial-tran	e notified at once.
BALTIJORE	ithic are after death	letely swed in by the fune	nt, the medical examiner must b
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the fune and control of the purish that is not a set the burial-transfer death, with the Case had not been always of Hearth and Mental Khaline prior in burial cremation of removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

item 28 is COMPLETED

BE

2

3 Sulcide

4 Homicide

(Check only one)

29b. SIGNATURE AND TITLE/OF CERTIFIER

6 Could not be

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER 3 - PACELITY NUMBER 4 - PACELITY NUMBER 5 - PA		HIBERT COM	વા						-	7
38. FACILITY NAME (if not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH PRESIDENCE OF DECEDENY 108. COUNTY 109. STRIET AND NUMBER 101. ZIP COOR 11. MARITAL STATUS 109. COUNTY 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT'S EDUCATION 13. Weldows of a marined a marined and provided by the status of the sta		240	- //						(Mont	h, Day, Year)
10. STREET AND NUMBER 11. MARITAL STATUS 12. MARITAL STATUS 12. MARITAL STATUS 13. MARITAL STATUS 14. MARITAL STATUS 15. MARITAL STATUS 15. MARITAL STATUS 16. MARITAL STATUS 17. MARITAL STATUS 17. MARITAL STATUS 18.	OR	Sa. FACILITY NAME (If not institution, give street and number) LRVAH	00		96. CITY,	14:			-	-3-2
11. MARTIAL STATUS 1 NAME OF DESCRIPTION 12. WAS DECEDENT EVER IN U.S. ARMEO 1 Yes, aspectly Chiera, Marketan, Puerto Rican, etc.) 1 Yes, aspecting Chiera, Marketan, Puerto Rican, etc.) 1 Yes, aspecting Chiera, Marketan, Puerto				10c. CITY	r, town o	1 4				
1 YES 2 NO Specify: 1 YES 2 NO S	ERAL					101	2/2	218		
The control of the period of t	ВУ	1 Never Married 2 Married FORCES?	1 X YES 2 N		11	yes, sp	ecify Cub	an, Mexica	in, Puerto	
198_ INFORMANT'S NAME (**DoPrint**) 198_ INFORMANT'S NAME (**DoPrint**) 198_ MAILING ADDRESS (Street and Number or Rural Route Number, City or 1 and	th.	(Specify only highest grade completed)	(Gf	his kind of u	work done o	furing mo	st of work	ing	161	L KIND OF E
No. MAILING ADDRESS (Street and Number of Parish Poule Number, City or 1 1 20s. METHOD OF DISPOSITION 1 20s. METHOD OF DISPOSITION 3 Removel from State 20s. PLACE OF DISPOSITION (Name of cemplar), crematory or 28s. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDR	ш	17. FATHER'S NAME (First, Middle, Last) CONW	Ell		,		1	THER'S NA	ME (First,	Middle, Meid BE//
1				MAILING 901	Bo	ONE ONE	and Number	or Aural	Acute Num	Nor, City or 1
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or responsible to the shock, or heart failure. List only one cause on each line. The shock or heart failure. List only one cause on each line. The shock or heart failure. List only one cause on each line. The shock or heart failure. List only one cause on each line. The shock or responsible to the shock or heart failure. List only one cause on each line. The shock or responsible to t		1 Buriel 2 Cremation 3 Removal from State	20b. PLACE Berole	100)			Cer	matory or		7°C
Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): 1 Oue TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): 1 Oue TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 28. TIME OF 1 Natural 5 Pending 28. DATE OF INJURY 286. TIME OF 1 NURTY 286. DATE OF INJURY 286. DATE OF INJURY 1 ONNIC 286. NUMBER 2 286. DATE OF INJURY 3 OTHER: 3 OTHER: 3 OTHER: 4 OTHER: 4 OTHER: 5 OTH		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Jan.	~	11	MAME AI	2 C	se r	-	nch Ave
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS PERI 1 YES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF QEATH 28. DATE OF INJURY (Month, Day, Warr) 28. TIME OF INJURY AT WORK? 280. INJURY AT WORK?		immediate Cause (Final disease or condition resulting in death)	cause on each line	fail	ure		ode of dy	ying, suc	ch sa car	disc or re
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS PERF 1 YES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetion 2 EN/Outpetion 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF 180. INJURY AT WORK?	ATION	If any, leading to immediate course. Enter UNDERLYING	TO (OR AS A CONSEC	QUENCE OF	F):					-
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS PERI 1 YES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF 280. INJURY AT WORK?	ERTIFIC	that initiated events OUE TO (OR AS A CONSEQUENCE OF):								
	MEDICAL	PART II. Other significant conditions contributing	to death but not r	resulting	in the un	derlyin	g ceuse	given in	Part I.	PERI
	CIAN:	All residence of			OTHER		LACE OF	DEATH (C)	neck only c	nne)
		1 VES 2 NO 1 Inpetient 27. MANNER OF GEATH 28a. DATI	2 ER/Outpatient 3 E OF INJURY	28b. TIM	4 Nun	28c. IN.	JURY AT DRK?			

26a. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify)

. 11

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH YEAR 90 0:30pm 6. BIRTHPLACE (State or Foreign Country) S.C. 33 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 15A es or No-14. RACE — American Indian, Black, White, etc. Black USINESS/INDUSTRY en Sumama) HOOPER own, State, Zip Code) MD 21218 LOCATION - City or Town, State Althore MD 21202 spiratory srreat, Approximata Interval Between Onset and Desth AN AUTOPSY ORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 NO 1 | YES 2 | NO W INJURY OCCUREO 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. and/or investigation, in my opinion, death occured at the time, deta and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 02/05/

DHMH-16 Rev 1/89

The state of the s

STATE OF MARYL	AND / DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	H	REG. NO.

_	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lass WAF COX 2. DATE OF DEATH MONTH 2. DATE OF DEATH MONTH A 1/2:30 M
	4. SOCIAL SECURITY NUMBER 215-34-8184 1 M 2 F 8. AGE (in yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Months) 8. BIRTHPLACE (State or Foreign Country) 8. BIRTHPLACE (State or Foreign Country) 11A
SIOR	96. FACILITY NAME (If not Institution, give street and number) MFL F.S.K. MED. CTW. BATO. 96. COUNTY OF DEATH BATO.
OINE OINE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BAITMORE CTY LIMITS? 1 VYES 2 \(\triangle \) NO
UNERAL	3/10 E FEDERAL STREET 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2/2/3 USA
2	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMOD FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Hispanic Origin?) Hispanic Origin?
LEI ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)
S 0 0	17. FATHER'S NAME (First, Middle, Lea) 18. MOTHER'S NAME (First, Middle, Melden Symame) GERTURE (Voods
O BE	190. INFORMANT'S NAME (Type/Print) MADELINE GIALLOP 190. MAILING ADDRESS (Street and Number or Plural Poute Number, City or Town, State, Zip Code) 14/7 GUSRVAN ST. / BALLIMORE MD 21224
	20s/METHOD OF DISPOSITION 14/2 Burlet 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or CHONSVILL MD 20c. PLACE OF DISPOSITION (Name of cemetery, crematory or CHONSVILL MD 20c. PLACE OF DISPOSITION (Name of cemetery, crematory or CHONSVILL MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY W.M. DORRESS OF FACILITY HOLE NORTH AVENUE
	23. PART I. Enter the diseases, or complications that caused the death. No not either the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DIE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
اي	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PREFORMED? 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO
	Abrorma Cinel function 1 VES 2 NO COMPLETION OF CAUSE OF DEATH?
Z	1 U YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?
2	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Fural Route Number, City or Town, State)
COMPLEIED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end menner se stated.
OBE	296. SIGNATURE AND TITLE OF CERTIFIEN 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 297. LICENSE NUMBER 297. 190
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	31. DATE FILE FILE FILE BOY VS. 1990 32 REGISTANT'S SIGNATURA SIGN

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78 1 Fz

h. Page 5 may be recent by the hospits or attending physician.	TIMORE	MATHUL AND 21203-3146	
	h. Page 5 may	recommendation or arrending physician.	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mm TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal. IMPORTANT: If I liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR	OTATE OF 144	DV/ 5110 / DEC							_	20	031
1 - STATE REGISTRAR	SIAIE UF MA	RYLAND / DEF			DEAT			HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last) Lewis F.	Compt of a						2. DATE OF MONTH	DEATH	Y	YEAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birtho	(ev) IF INC	ER 1 YEAR	IF UNDER 2	A HOS-	7. DATE OF	BIRTH		990	ACE (State or Fore
175 20 7436	1 M 2 🗆 F	62 YR	MONTH		HOURS	MIN.	June 1	ny, Ybar)	927	Country)	
9a. FACILITY NAME (If not institution, give st		02	9b. CI	TY, TOWN (OR LOCATION	OF DE		. کی ا		TEIII	sylvani
Sinai Hosp	ital		В	altim	ore				Bal	timore	City
10a. STATE 10b. COUNTY	10c.	CITY, TOWN	OR LOCA	TION					10	d. INSIDE CITY	
Maryland Baltin		Balti	more						1)	YES 2 N	
10e. STREET AND NUMBER				10	. ZIP CODE						T COUNTRY?
	ner Avenue					1215				U.S.A	
11. MARITAL STATUS 1 Never Married 2 XXMarried	12. WAS DECEDENT E FORCES? 1 17 IF YES, GIVE WAR	YES 2 NO	1	If yes, sp	ecify Cuben,	Mexicer	IIC ORIGIN? (S n, Puerto Rice		or No-	Black, W	American Indian, http://etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	ŀ	1 TYES	2 X NO	Specify	7.			Wh	ite
15. OECEDENT'S EDUC (Specify only highest grade		16e. DECEDEN	NT'S USUAL	OCCUPATION	ON est of working		16b. Kill	ND OF BUS	INESS/IND		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ine. Do N	37 use retired	(.)	or or working						
8		Mair	tenar	ice					tmen	ts	
17. FATHER'S NAME (First, KERTE)							ME (First, Midd				
John Curti 198. INFORMANT'S NAME (Type/Print)	3.	19h MAII	ING ADORE	SS (Street s		Sop	Π1a F	ludak		Code	
Gladys V Curtis							Balt				nd 2121
20a. METHOO OF DISPOSITION	7.9	20b. PLACE OF DIS				-	Dare			City or Town,	
1X Buriel 2 Cremetion 3 Remo	oval from State	Marylan						Gar	riso	n Fore	est, Md.
H. MONATURE OF FUNERAL SERVICE LIC	ENSEE	11	2	2. NAME A	NO AOORES	OF FAC	CILITY BLIT	-000-	Hens	s Fline	eral Hom
1 Mum 11	unau &	Venn)		3631	F211c	Ro	ad, Ba	1+im	ore	Mararl	and 21
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OF	ARRYTH R AS A CONSEQUENCE MY DC R AS A CONSEQUENCE R AS A CONSEQUENCE	E OF): A R D I :		INFAI	RCT	101				Onset and f
that initiated events resulting in death) LAST PART II. Other aignificant condition	1			underlyin	n cause of	ven in	Part I 24	a WAS AN	ALITOPEY	245 W	ERE AUTOPSY FINE
	- 10000000							PERFOR	MED?	AN CC OI	MILABLE PRIOR TO DMPLETION OF CAI F DEATH?
25. WAS CASE REFERRED TO MEDICAL				28 P	ACE OF DE	ATH (C)	ck only one)				
EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 D/	OTH A 4 D N	ER:			6 Other (S	manths)			
27. MANNER OF DEATH	28s. DATE OF IN.	JURY 26b	TIME OF	28c. IN.	URY AT	-Sericii	28d. OESCR		NJURY OC	CURED	
1 Netural 5 Pending 2 Accident Investigation	(Month, Day,	Ybar)	YRULNI M		YES 2	NO					
3 Suicide 6 Could not be determined	rm, street, f	actory, offic	0			DN (Street a fown, State)	and Number	or Rural Rou	te Number,		
29e. CERTIFIER 1 CERTIFYING PHYSION 2 MEDICAL EXAMINE				107							nd manner se sta
29b. SIGNATURE AND TITLE OF CERTIFIEF APPROXIMATE MD					29c. LICEP	ISE NUM	/BER			E SIGNED (M	onth, Day, Year)
	SON. SIN	AT HOSPI		of 8	ALTIN	10RE	;				
31. DATE FEB 0 9 1990	Alter Deviles	Here House or the									

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The Andrew Level of Local Attraction

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proceeding the PLANEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the proceeding within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or remessible marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NTAL HYGIEN		30 00041
	1. DECEDENT'S NAME (First, Middle, Lest) Leo V. C					DATE OF DEATH	AY YI	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-20-7417 9e. FACILITY NAME (if not institution, give	5. SEX 6. AGE (YRS. MOH	UNDER 1 YEAR ITHS DAYS CITY, TOWN O	IF UNDER 24 HRS. 7. HOURS MIN. R LOCATION OF DEAT	DATE OF BIRTH (Month, Day, Year) 11-14-1	8.	BIRTHPLACE (State or Foreign Country) Iaryland
TOR	2819 White A			Balti			44.00	
DIRECTOR	Md a 10e. STREET AND NUMBER	TY		WN OR LOCATI	re			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	2819 White A	VC .	NIIS ADMED		ZIP CODE 21214 ENDENT OF HISPANIC	ORIGIN2 /Specify Ve	U.S.	OF WHAT COUNTRY? A. RACE — American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DO WWII	2 NO	If yes, spe	city Cuban, Maxican, I 2 X NO Specify:		14.	Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done durina mos	N at of working	16b. KIND OF BU		TRY
COMP	17. FATHER'S NAME (First, Middle, Last)	1	Mana	ger	18, MOTHER'S NAME	(First, Middle, Maiden	Surname)	Steel Co.
TO BE	Joseph I. C 19a. INFORMANT'S NAME (Type/Print) Wrs. Joyce Gro				nd Number or Rural Rou		m, State, Zip Co	
	20a. METHOD OF DISPOSITION 13/2 Buriel 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	movel from State	p. PLACE OF DISPOSITION OTHER PROCES	N (Name of cen		20c. LO	CATION — City	y or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE L	ICEMSEE ICEMSEE	V	22. NAME AN	tley Mil	ller Fur	neral	
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A	each line.	inter the mo	de of dying, such a			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Sever Mital In Suiting DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOP PERFORMED? 1 YES 2 -NO.						RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
rSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF OEATH (Check			
ВУ РН	E Notionalis	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO						
	3 Suicide a Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	cont only	/SICIAN: To the best of my know NER: On the beals of examination						cause(a) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIF	2 Fer Ush	lies m		D OG		29d. DATE 8	S/90
		on unidde		10)				
	FEB 09 19	90 32. JEGISTRADE SIGN	- Handall					

TRYCAND 21203-3146

BALTIMORE,

1 -1. DE

IMMEDIATE CAUSE (Final

Sequantially list conditions,

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury

disease or condition resulting in death)

BE COMPLETED BY FUNERAL DIRECTOR

2

urs after death. Page 6-may requires that the death certificate be executed within TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIFFCTOR: After this centificate has been signed by be filed within 72 hours after death with the State Dept. of Health and IMPORTANT: If Item 28 is marked, or Item 23 shows any

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

											91		0301	+ 4
FOR STATE REGISTRAR	STATE OF N	IARYLAN	D / DEPAR						YGIENI EG. NO.	E				
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D			WEAR	3. TIM	E OF DEATH	
LILLIAN W	ILCOX COI	NN						FEBRU	ARY	8, 1	990"	5	5:40 A.	м
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In ye	s. last birthday)		ER 1 YEAR	IF UNDER		7. OATE OF B (Month, Day			8. BIRTH Count		(State or Foreign	
212-03-5656	1 M 2 X F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.	28,	190	1 M	äryl	and	
9e. FACILITY NAME (If not institution, give	street and number)			9b. Cf	TY, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH		
Dulaney Towson	Nursing Co	enter			Tows	on				Bal [.]	timo	re		
Maryland 106. coun	TY		10c. CIT		on Local		ity					VLI	ISIDE CITY MITS? (ES 2 NO	
1802 Ramblewood	Rd.				101. ZIP CODE 10g. CITIZEN US			USA	WHAT CO	OUNTRY?				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olivorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				NO If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 VES 2 VNO Specify: Specify:										
15. DECEDENT'S ED (Specify only highest grad		18	(Give kind of	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIN	D OF BUS	SINESS/IN	DUSTRY				
Elementery/Secondery (0-12)	College (1-4 or 5 - 4 yrs.	-)		ine. Do NOT use retired.) Chemist				Fed	lera]	l Gov	/ernn	nent		
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle	, Melden	Surneme)				
Thomas Emory Co	nn						Lili	lie May	Wil	cox				
19e. INFORMANT'S NAME (Type/Print)	-							Route Number, C						
Charles K. Yost	P.R.		849	Glen	All	en Dr	rive	Balti	more	2, Mc	1. 2	122	9	
20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Re- 4 Donation 5 Other (Specify)	moval from State	of	ACE OF DISPO			,,					ony or To		le	
21. SIGNATURE OF FUNERAL SERVICE LICENSES, James F. Burnside, Jr.					Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Md. 21212									
23. PART I. Entar the diseases, or shock, or heart failure												1/	Approximate	en

that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? 1 | Inpetient 2 | ER/Outpetlant 3 | DOA 5 Residence 6 Other (Specify) 28e, OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

MYOCARDIAL INFARCTION

2 MEDICAL EXAMINER: On the

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) arcio MI 219

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

HOUTE

WANDS OL

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

Marcio M. 5820 York Rd. Menendez, M.D. Baltimore, 21212

FEB 0,9 1990 32. REGISTRAR'S SIGNATURE Pulia Davidson-Randose **Onset and Death**

ALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the continued by the hospital or attending physician.	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by movement affined. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should if filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove
•	in 24 hours af	ely filled in by nation, or remo
MIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed with	is certificate has been signed by the attending physician and completely filled in by mannerial di- tith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove
O. BOX	certificate be	nding physiciar Hygiene prior
RDS, P.	that the death	d by the atter
L RECO	law requires	as been signe Dept. of Health
F VITA	YSICIAN: The	s certificate h
SION O	TENDING PH	TO THE FUNERAL DIRECTOR: After this come be filed within 72 hours after death with 1
DIVE	SPITAL OR AT	VERAL DIRECT Tin 72 hours a
	TO THE HOX	TO THE FUN be filed with

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMI			MENTAL HYGIEN	E	
	1. OECEDENT'S NAME (First, Middle, Lest) ARCHIE LUCIAN CLA	RK				2. DATE OF DEATH MONTH 02 08	1990 YEAR	3. TIME OF DEATH
	216-05-4685	X M 2 □ F	78 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08 07 19	a. Bir Coo	ITHPLACE (State or Foreign intry)
CTOR	9a. FACILITY NAME (If not institution, give street of G.B.M.C6701 N. RESIDENCE OF DECEDENT				AD 21204	ATH	BALTO	
L DIRECTOR	MARYLAND BALTIMO 10e. STREET AND NUMBER	RE CITY	BALTIN		ON ZIP COOE			10d. INSIDE CITY LIMITS? 1 YES 2 NO F WHAT COUNTRY?
FUNERAL	1745 E. PRESTON ST				1213		Unite	d States
BY	1 Never Married 2 Married	WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2X XNO	If yes, spe		IC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	Sp	ACK ACK
COMPLETED		pleted) plege (1-4 or 5+)	Give kind of work of life. Do NOT use retir	done during mos red.)	N t of working	16b. KIND OF BUS	INESS/INDUSTRY	
COMP	6th grade no 17. FATHER'S NAME (First, Middle, Last) John E. Clark	one	Laborei			ME (First, Middle, Maiden Goins		eel Co.
TO BE	190. INFORMANT'S NAME (Type/Print) Velveeta Watkin	ıs			d Number or Rural F	Balto, Md		9
	20s. METHOD OF DISPOSITION LOG Burlel 2 Cremation 3 Ramoval 4 Donetion 5 Other (Specify)		hace of disposition ther place) Baltin	nore (Cemeter	v Bal	cation — city or timore	.Marvland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Scrugo	s. S.	Calvi	n B. S E. Pre	cruggs F	uneral eet.Ba	Home lto,Md.2121
NO	23. PART I. Enter the diseases, or come shock, or heart failure. Liet iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions,		ONSEQUENCE OF):		le of dying, auch	n es cardiec or reapi	ratory arrest,	Approximata interval Between Onset and Death
CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
CAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO						24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDI		OSPITAL: Inpetlant 2 = ER/Outpati	ent 3 DOA 4 D	HER: Nursing Home	JRY AT	sck only one) 8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	
ΒY	1 Natural 5 Pending Investigation 2 Accident 3 Suicide 4 Homiloide 4 Homiloide 1 Suicide 1 Suicide 1 Suicide 2 Suicide 3 Suici							al Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	N: To the best of my knowled						e(s) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	W no			29c. LICENSE NUN	130	29d. OATE SIGN	TO MP.
F		OMPLETED CAUSE OF GEAT	H (ITEM 27) (Type, Print	N. (HAMES	ST.	BAL	70 MP.
	31. DATE FILED (Month, Day, Year)	SOMEGISTRAN'S	all a					21204

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

(BALTIMORE WARYLAND 21203-3146	24 nours after death. Page many example in the hospital or attending physician.	filled in by the funeral director, sage 5 pound be detached for use as the burial-transit permit. Pages ton, or removal.	he medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page Training Ity The hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, state 5 would be detached for use as the burial-transit permit. Pages to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND I	MENTAI	L HYGIENI	E	
DECEDENT'S NAME (First, Middle, Lest) A	AKA ANNA V				MONTH		, 990	3. TIME OF DEATH 2 A. M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTN	8.	BIRTNPLACE (State or Foreign Country)
213-10-5989 Sa. FACILITY NAME (If not institution, give		THS.	9b. CITY. TOWN (OR LOCATION OF DE		LI Z/	9c. COUNTY	
5650 ARN			BALT					
RESIDENCE OF DECEDENT								
10e. STATE 10b. COUN	TY	10e, CITY	TOWN OR LOCA					10d. INSIDE CITY LIMITS?
MD. —			BALTIMO	J. ZIP CODE			10a CITIZEI	1 YES 2 NO
5650 ARNHEM	RD.		"	2120	16			S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN		l? (Specify Yes		. RACE — American Indien.
1 Never Married 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 TYES			ecify Cuben, Mexica 2 X NO Specif		Rican, etc.)		Black, White, atc. Specify: WHITE
15. DECEDENT'S ED (Specify only highest gred	UCATION le completed)	16a. DECEDENT'S I	ork done during me		16b	. KIND OF BUS	INESS/INDUS	TRY
Elementary/Secondary (0-12) N/A	College (1-4 or 5+) N/A	life. Do NOT use	MEMAKER			Orl	N HOMI	7
17. FATHER'S NAME (First, Middle, Last)	N/A	1101	TEPIAKEK	16. MOTNER'S NA	ME (First, I			2
JOSEPH JEROUS	EK					e	TITATI	KT.ER
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i				
ALEXANDER J. DI	EDRICH	565	50 ARNHI	EM RD., B	BALTI	MORE,	MD. 2	21206
20e. METHOD OF OISPOSITION 1	moval from State	o. PLACE OF DISPOSE other place) OST HOLY	REDEEME	metery, crematory or CR CEMETE	ERY	1000	CATION — CIT LTIMOI	y or Town, State RE MD.
21. SIGNATURE OF FUNERAL SERVICE I	Will-		SCHI	MUNEK FU Brehms	INERA			. 21213
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A	A CONSEQUENCE OF): NASS 7):	ADENU	Conc	(NO MB		Onset and Death Syears Tilzyears
PART II. Other algnificant condition	done contributing to death t	out not resulting l	n the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCDITAL			LACE OF DEATH (Ch	eck only or	ne)		
1 YES 2 10	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗗 Residence	8 🗆 Othe	er (Specify)		
27. MANNEPOF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE NOW I	NJURY OCCU	RED
3 Suicide 8 Could not be determined	28e. PLACE OF INJUR' building, etc. (Spe	Y — At home, ferm, a celly)	treet, factory, offic	20	28f. LOC City	Or Town, State)	and Number or	Rural Route Number,
conden only	SICIAN: To the best of my know							
296. SIGNATURE AND TITLE OF GERTIF	elen i	UD		29c. LICENSE NU	MBER 382	1	29d. DATE S	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	WHO COMPLETED CAUSE OF DI APLAN, M.D.	EATN (ITEM 27) (Type,	· ·	JNIVERSII	ry of	MD.		* * 4.
31. DATE FILE B" 0"9" 1990	12 REGISMAN'S SIGN	VA TONOGO						

BALTIMORE, MARYLAND 21203-3146	metained by the hospital or attending physi-	5 count detached for use as the buria	atilities and
BALTIMÓRE,	urs after death. Page 6 may	I in by the funeral director, purification particularly.	nedical examiner must be
		y filled	the c
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 5 may writing by the hospital or attending physic	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and is forum to ligrached for use as the burial branch with the State Deut of Health and Mental Hydiene prior to burial, cremation, or removal.	item 28 is marked or item 23 shows any inlust, or other traumatic event, the medical examiner must be utilised once.

500									
REGISTRAR	STATE OF MAR				HEALTH AND I	MENTAL HYGIEN REG. NO			
1. OECEOENT'S NAME (First, Middle, Lest) EDNA FORSYTH						2. DATE OF DEATH	AY	YEAR 90	2: 00P
		AGE (in yrs. lest t	YRS. IF U	HS DAYE		7. DATE OF BIRTN (Month, Day, Year) 7-12-09		Country)	ryland
9a. FACILITY NAME (If not institution, give street	end number)		9b. (CITY, TOWI	OR LOCATION OF DE	ATN	9c. COU	NTY OF DEA	ATN
6 Burnbrae Road				To	wson		В	altim	ore
10e. STATE 10b. COUNTY			10c. CITY, TOV	VN OR LOC	ATION			1	IOd. INSIDE CITY
Maryland Balti	more		Tov	son				1	LIMITS?
10e. STREET AND NUMBER					101. ZIP CODE		10g. CIT	ZEN OF WH	AT COUNTRY?
6 Burnbrae Road					21204			SA	
11. MARITAL STATUS 12 1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 THE FORCES?	YES 2XX00	ED)	If yea,	ECENOENT OF NISPAN specify Cuben, Mexica ESXXXXO Specify	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	e or No—	Black, Specify:	
15. DECEDENT'S EDUCATI	ON	16a DECI	EDENT'S USUA	L OCCUPA	TION	16b. KIND OF BU	SINESS/INC		White
(Specify only highest grade con		(Give	kind of work d o NOT use retir	one durina	most of worlding	TOOL KIND OF BO	OHILOO/HIL	JOSTAT	
Eletterism y coocionin y (v-12)	2		Sec	cetar	v	Lega	al		
17. FATHER'S NAME (First, Middle, Lest)					18. MOTNER'S NA	ME (First, Middle, Meider			
George A. Forsyth	e					Katherine	Lowr	ey	
19e. INFORMANT'S NAME (Type/Print)						Route Number, City or Tox			
E. Harrison Stone		1	.02 W.	Penn	sylvania	Ave. Tows	on, M	aryla	nd 21204
20s. METNOD OF DISPOSITION XX Burlal 2 Crematton 3 Removal 4 Donatton Donatton	from State	other plac			cemetery, crematory or			ore,	n, Btete Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE OU A	6		22. NAME	AND ADDRESS OF FA				
Dennis Stephen	-/	pc.		Mitc	hell-Wied	efeld Home	650	0 Vor	k Rd 21212
23. PART I. Enter the diseases, or com	pilcetions that ce		th. Do not e						Approximate
shock, pr heert fellure. List IMMEDIATE CAUSE (Finel disesse or condition	only one cause	on each line.		1.	0.1	Inda.	1 -	to	Onset'end Death
resulting in deeth) s	DUE TO UTE	AS A CONSEQU	JENCE OF):	n	at	poo	V	0	70000
		CY	A			0			Turs
Sequentially list conditions, if any, leading to immediate	OUE TO (OR	AS A CONSEQU	JENCE OF):						1
CAUSE (Disease pr injury	A	5C	YT	>					12 m
that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQU	JENCE OFT:						
d									
PART II. Other significant conditions of	ontributing to de-	eth but not re	suiting in th	e underly	ing csuse given in	Part I. 24e. WAS AI			WERE AUTOPSY FINDINGS
						1 TES	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									1 TES 2 NO
25. WAS CASE REFERRED DO MEDICAL EXAMINER?	OSPITAL:		OT	28. HER:	PLACE OF DEATH (C)	eck only one)			
1 U YES 2 1 NO 1	npatient 2 EF	VOutpetient 3			ome 5 4 Residence	6 Other (Specify)			
27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF INJ (Month, Day, 1		26b. TIME OF INJURY	_	NJURY AT WORK?	28d. DESCRIBE NOW	INJURY OC	CURED	
1 Netural 5 Pending 2 Accident Investigation					YES 2 NO				
3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF IN building, atc.	(Specify)	ie, ferm, street	, factory, o	flice	28f. LOCATION (Street City or Town, State	end Numbe	r or Rural Ro	ute Number,
29e. CERTIFIER . IZ PERTIFYAND BUYCUCIA	No To the birt of	ha and a district		ab - Al - · ·					
(Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (and manner se stated
296. SIGNATURE AND TITLE OF CENTIFIER	1	1		у ориног					
M O THE OF CENTIFIER	- 14/	/			29c. LICENSE NU	MBER 1	29d. DAT	E SIGNED	Month, Day, Year)
30. NAME AND ADDRESS OF PURSON WHO C	OMPLETED CAUSE (DE DEATH STEM	27) (Type Prins	MN	11107	500		1/	140
George T. Gilmore		,			ille. Mar	yland 2109	13		
31. DATE FILED (Month, Day, Year)	32. REGISTINAN'S			TIELV	rare, Har	yraim 2103	, ,		

DHMN-16 Rev 1/89

ctor, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours from the same part of the stained by the attending physician and completely filled in the confidence of page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or minor must be notified at once. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	HEGISTHAN		CL	THE IT	CAIL	OF	DEMI	П	Н	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) VIOLA	DZIERWA	A						2. DATE OF I	DEATH DAY	Y	YEAR 90	3. TIME OF DEATH 4:02 PM
	4. SOCIAL SECURITY NUMBER 216 52 6230	5. SEX	6. AGE (In yrs. less		IF UNDER 1	YEAR DAYS	IF UNDER	0.0004	7. DATE OF E (Month, De Jan.	v. Veer)	899	_	IPLACE (State or Foreign y) Md.
	9e. FACILITY NAME (If not institution, give st		71	177	AL 01774 1	******				4, 1			
or I					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								EATH
0	Sinai Hospit	4			Baltimore								
2	10e. STATE 10b. COUNTY	,	V- 1-	10c. CITY	TTY, TOWN OR LOCATION 10d. INSIDE CITY							10d. INSIDE CITY	
DIRECTOR		altimore				lti	more						LIMITS? 1 YES 2X NO
FUNERAL	7104 Bristol Ros	ad		10f. ZIP CODE 21212								USA	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Meiried 3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. ARI YES 22 N		lf.	yes, spe		n, Mexican,	ORIGIN? (S Puerto Ricar		or No-	Black	— American Indian, k, White, etc. fly 1 TC
	15. DECEDENT'S EDUC	CATION	144. 05	OFFICIAL I	1	0.101710			T 481 MM				1 66
75	(Specify only highest grade	completed)	(Gi	CEDENT'S U ve kind of wo Do NOT use	ork done du	uring mo	st of workin	g	16b. KIN	ID OF BUS	INESS/IN	DUSTRY	
H	Elementary/Secondery (0-12)	College (1-4 or 5	+)	Home	_								
M M	4			Home	marce	J.							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	R.	lackowic	7			Unk	HER'S NAM	E (First, Midd	le, Maiden :	Surneme)		
BE		D.	Tackowic	<i>L</i>			Ulik						
TO B	Mr. Thomas Rock			8422					Luthe				21093
	20e, METHOD OF DISPOSITION		20b. PLACE		TION (Nam	ne of cen	netery, crem	natory or		20c. LO	CATION -	City or To	rwn, State
	1 N Burial 2 Cremation 3 Rem	oval from State	Mos	t Hol	y Re	dee	mer (Cemet	ery	В	alti	more	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	PHISEE			-								
	See Sherman	Denisty !	tr.			MIT 650	CHELI O You	L-WIE rk Ro	DEFEL ad	D HO Balt	ME, imor	INC. e, M	d. 21212
CERTIFICATION	disease or condition Pulmonary Embolism But To (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									Onset and Death			
CE		d											
	PART ii. Other eignificant condition	a contributing to	death but not r	eaulting in	the unc	derlyin	g cause g	given in P	ert i. 24	a. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS
EDICAL	Multiple pri	or CVI	4 <							YES 2		- 1	COMPLETION OF CAUSE
8	Atrial Fibr								_ '		A	1	OF DEATH?
Σ	minut tibi	1114110	1						-				I L TES 2 L NO
Z	et											i	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF D	EATH (Chec	ck only one)				
NS.	1 TYES 2 NO	1 Inpetient 2	ER/Outpatient 3				10 5 🗆 Re	esidence 6	Other (S	pecify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE O (Month,	F INJURY Day, Year)	28b. TIME INJL	OF JRY M		URY AT ORK? YES 2		28d. DEŞCRI	BE HOW II	NJURY O	CCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At ho , atc. (Specify)	ome, farm, st	treet, facto	ory, offic			261. LOCATIO	ON (Street a lown, State)	and Numbe	er or Rural	Route Number,
<u>u</u>	29a. CERTIFIER												
COMPLETED	(Check only	R: On the basis of											e) end manner as stated,
	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICI	ENSE NUMI	BER		29d. DA	TE SIGNED	(Month, Day, Year)
38	Edmand a	grem.	elih.	N			D	345	715			2/2	190
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Type.	Print)			500				•	
	Edward Br	andec	ker r	れつ	382	15	Gre	ense	orina	, Av	e, T	3617	1more Md
	FEB 0 9 1990	who Davids	AR'S EIGNATURE							1			21211

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1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR			EKIIFI	JAIL	טר ט	EAIN		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) WAVE	RLY	В.		EATO	N		2. DATE OF MONTH		W.	YEAR	3. TIME OF DEATN 7:10AM M
4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs.		IF UNDER 1 YE		UNDER 24 HRS.	7. DATE OF (Month, L	Day, Year)		8. BIRTH Country	PLACE (State or Foreign
212-78-6466	1 M 2 D F	30	YRS.	ION THE DE	a no	Johns Hills.	1	12	60	Мс	1
9a. FACILITY NAME (If not institution, give s	,			,		OCATION OF DE			9c. COU	NTY OF D	EATH
Liberty Medical	Center			Ba	altir	more Ci	ty				
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c. CITY	TOWN OR L	OCATION						10d. INSIDE CITY
Md.			1.03, 0.77,	Balt	0.						LIMITS? 1 XES 2 NO
2711 W. North Av	/enue				10.0	216			10g. CITI		HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1					ENT OF HISPAN Cuban, Maxicar			or No-	14. RACE Black	- American Indian, , White, etc.
1 X Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W			10	YES 2X	XNO Specify	:	art, arts.)		Bla	
15, DECEDENT'S EDU		16a.	DECEDENT'S U	SUAL OCCU	PATION	f washing	18b. K	IND OF BUS	SINESS/INC	DUSTRY	
Elamentary/Secondary (0-12)	College (1-4 or 5 +		ite. Do NOT use	nploy		working					
17. FATHER'S NAME (First, Middle, Last)						. MOTNER'S NAI	ME (First, Mic	idle, Malden	Sumama)		
Jerome Eaton						Jess		Laws			
19a. INFORMANT'S NAME (Type/Print)	-		19b. MAILINO A	DDRESS (S)	reet and N	Number or Rural F				Code)	
Jessie Eaton		- 1				Avenue					1216
20a. METHOD OF DISPOSITION 1	oval from State	20b. PLAC	E OF DISPOSI	TION (Name	of cemeter	rv. crematory or	,	20c. LO	CATION —	City or To	wn, Stata
4 Donation 5 Other (Specify)		_ W6	estern						ons v	ille,	, Ma.
21. SIGNATURE OF PUNERAE SERVICE LK	M	PLCI		²² 43 Ba	00 W 1tim	abash A	Avenue 1.	9			
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DUE TO	COR AS A CONS	SEQUENCE OF)	:	ency	syndro	me				Onset and Death
PART II. Other significant condition	s contributing to	deeth but no	t resulting in	the unde	rlying co	euse given in	Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
							_	1 TYES 2			COMPLETION OF CAUSE OF DEATH? 1 YES XXXIII
25. WAS CASE REFERRED TO MEDICAL					28. PLACE	E OF DEATN (Ch	eck only one)				
EXAMINER?	HOSPITAL: 1 ☐ Inpatient XX	XR/Outpatient		OTHER: 4 - Nursing	Nome 5	5 - Rasidenca	8 - Other	(Specify)			
27. MANNER OF DEATH XXIII S Pending	28a. DATE OF (Month, D		28b. TIME INJU	RY	c. INJURY WORK?		28d. DE\$C	RIBE NOW I	NJURY OC	CUREO	
2 Accident Investigation 3 Suicide S Could not be 4 Homicide detarmined		F INJURY — At atc. (Specify)	home, farm, st	reet, factory	offica			TION (Street Town, State)		r or Runal I	Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of ER: On the bests of a										i) and manner as stated.
250 MONATURE AND TITLE OF CENTIFIE	R 1	. ,			29	Dc. LICENSE NUI	MBER		29d. DA1	TE SIGNED	(Month, Day, Year)
30. NAME AND NOORESS OF PERSON WI	eyrel	DE 05 05 1771 1	TEM On /	Ondast?		OCM	Е		•	2-6	6-90
MARGARITA A. KO		SE UP UEATN (I	IEM 27) (Type,	ŕ	111	Penn St	treet	,Balt	imore	e,MD	21201 v
FEB 0 9 1990 4	32. REGISTRA	R'S SIGNATUR									

detached for use as the burial-transit permit. Pages 1, 2, 3 should

BE COMPLETED BY FUNERAL DIRECTOR

once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 works after death. Page 6 m TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DNMH-16 Rev 1/89

must be notified at once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or rem	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
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	TIEGIOTTIAT		OL.		OAIL	01	DEAL	11		ned. NO.			
ļ	1. OECEOENT'S NAME (First, Middle, Last)	–							2. DATE OF MONTH	DA		YEAR	TIME OF DEATH
	Adolph E								Febru		6, 1	990	М
	4. SOCIAL SECURITY NUMBER	5. SEX 1 XM 2 F	8. AGE (In yrs. last	YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	Day, Year)	040	Country)	ACE (State or Foreign
	213 09 3683	21	77	THO.					Dec.	7, 1	912	Mary	
~	9a. FACILITY NAME (If not institution, give s			İ			OR LOCATIO	ON OF DE	ATH			NTY OF DEA	
5	9616 Oak Summ	it Avenu	e		Ca	irne	У				Bal	timore	e Co.
EC	10a. STATE 10b. COUNTY	1		10c. CITY	r, TOWN O	R LOCAT	ION					10	od. INSIDE CITY
DIRECTOR	Maryland Bali	timore Ci	tv	Ra	1time	ore						1	LIMITS? X YES 2 NO
	10e. STREET AND NUMBER	LIMOIC OF	-cy	<u>Du</u>	TCIM	_	. ZIP CODE				10g. CIT		AT COUNTRY?
FUNERAL	3600 Elm A	Avenue					21	211				U.S.	Α.
3	11. MARITAL STATUS		T EVER IN U.S. ARI	MED					IC ORIGIN? (or No-	14. RACE -	- American Indian,
	1 Never Married 2 Married	IF YES, GIVE	WAR OR DATES	10				n, Maxican Specify:	n, Puerto Ric	an, etc.)		Specify:	Vhite, etc.
ВУ	3 XWidowed 4 Divorced		WIL				21						White
田	15. DECEOENT'S EDU (Specify only highest grade		(GI	CEDENT'S	vork done d	CUPATIO	ON ast of workin	g	16b. K	IND OF BUS	SINESS/INC	DUSTRY	
=	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us								1.0.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			usto	dian				ME (First, Mid			d Sto	rage
	Julius	Erdman					16. MOT	Ame		Erdma			
BE	19a. INFORMANT'S NAME (Type/Print)	ZI Gildi	198	MAILING	ADDRESS	(Street e	nd Number	_	Boute Number.			n Code)	
2	Mary Kagarise		"								,	ryland	1 21234
1	One METHOD OF DISPOSITION		20b. PLACE						,	v		City or Town	
	Murtal 2 Cramation 3 Rem	oval from State	other pla	Lawn									aryland
	21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	01/		22 h	JAME A	ADDRES	SS OF FAC	CILITY				
/	¥	Ruca	1 No		1 30	31	F-11.	c Po	ad B	urgee	Hen	ss Fu	neral Home Land 21211
	23. PART I. Enter the diseases, or	Durge	Hen	3/1	_								
	shock, or heart fellure.	Liet only one car	use on each line	ath. Dor	iot enter	tne mo	de ot dy	ng, sucr	n ee cerdie	c or reepi	ratory ar	rest,	Approximate Interval Between
	iMMEDIATE CAUSE (Finel disease or condition	(0)	. Ar.	1/0	esc.		00	18	Qa	10			Onset and Death
	resulting in death)	a. DUE TO	OF AS A CONSEC	DIJENCE OF	n.	1		- Comme		-			-
- 1	_	502 10	Vila 1	0.15	20-	11							j l
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	OUE TO	OR AS CONSE	DUENCE OF	P:								1
₽ I	cause. Entar UNDERLYING	c.	l										
Ē	CAUSE (Diseese or Injury that initiated events	OUE TO	OR AS A CONSEC	DUENCE OF	F):								
	resulting in deeth) LAST	d											
	PART II. Other significant condition	ns contributing to	deeth but not r	eeulting i	n the un	derivin	a callae d	niven in	Part 1 2	4a. WAS AN	ALITOPSY	24b W	ERE AUTOPSY FINDINGS
MEDICAL				o o a it in ig		donym	a commo i			PERFOR	MED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE
ä									— ¹	YES 2	NO	0	F DEATH?
									_			1 1	TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 8	ACE OF O	EATH MA	eck only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	T 50/0 4 - 4 - 4 - 6		OTHER	R:				a - tet			
₹	27. MANNER OF DEATH	28a. DATE O	ER/Outpatient 3	28b. TIM			JURY AT	esidence	6 Other (NJURY OC	CURED	
	1 Netural 5 Pending		Day, Year)	/UNJ	URY	WC	PRK?	NO		N	4		
ВУ	2 Accident Investigation 3 Suicide S Could not be	26a. PLACE	OF INJURY — At ho	me, farm,								or Rural Ros	rte Number,
	4 Homicide 8 Could not be determined	building	, atc. (Specify)						City or	Town, Stete)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge de	ath occur	ad at the ti	ime dete	and place	and due	to the cause	(a) and ma	nner ee ete	eted	
₹	(Check only one) 2 MEOICAL EXAMINI												and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE		DINI DI POSTE DI					ENSE NUM			_		fonth, Day, Year)
BE	7,000,000	09 18	is M	10			1	14	871		▶ /	2-7-	91
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	IN OF DEATH ATE	M 27) (Type	Print)		0	161	0 10		/		60
	845 CU	3600		est		13.	e l	15	- 2	no	71	211	
	31. DATE FILED (MOMP), GOV. (\$107)	3600		اسال		13	a l	10	- 1	no	71	211	

be notified at once.

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	8	FUN	A P	IAN
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical
	T O	TO	e fi	MP
	F	F	Δ	=

	1 - FOR STATE OF MARYLAI REGISTRAR	ND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Ruby N. Fowler	•	2. DATE OF DEATH DAY DAY OF 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 234 - 12 - 5406 1 - M 2) F	775, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. TO YAS. MONTHS DAYS HOURS MIN.		PLACE (State or Foreign
JR.	98. FACILITY NAME (It not institution, give street and number) Meridian Multi Medical	96. CITY, TOWN OR LOCATION OF D	Md Balt	
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		18d. INSIDE CITY LIMITS?
	104. STREET AND NUMBER	101. ZIP CODE	10g. CITIZEN OF W	1 VES 2 NO
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN L FORCES? 1 YES		WHIC ORIGIN? (Specify Yea or No— 14. RACE	- American Indian, White, stc.
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR OAT	TES 1 ☐ YES 2 € NO Speci	tly: Specif	
LETED	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)	16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retred.)	166. KIND OF BUSINESS/INDUSTRY	
COMPL	7th 17. FATHER'S NAME (First, Milodile, Last) James Doss		AME (First, Middle, Malden Surname)	
96	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural	Parrish Route Number City or Town, State, Zio Code)	
2	Mary Grafton	501 Fairview Str		4
		PLACE OF DISPOSITION (Name of cemetery, grematory or other place)		
,	4 Donation 5 Other (Specify)	Belair Memorial Cemeter	ry Belair Ma	aryland
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-ume	uneral Home 300MAce	Ave. 21221
	23. PART I. Enter the disease for complications that caused to ahock, or heert fuure. List only one cause on each	the deeth. Do not enter the mode of dying, such line.	ch as cardiac or respiratory arrest,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	c Caremony & MIT	tatai	Onset and Death
	resulting in death) a. OUE TO (OR AS A C	CONSEQUENCE OF):	W I WAN	TYPIP
MOLL	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE OF):		
RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	CONSEQUENCE OF):		
CEL	d			
MEDICAL	PART II. Other significant conditions contributing to death but	t not resulting in the underlying cause given in	Pert I. 24s. WAS AN AUTOPSY PERFORMED? 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (C	heck only one)	
YSI	1 Tes 2 No 1 Inpetient 2 ER/Outpet	Λ.	8 Other (Specify)	
ВУ РН	27. MANNER OF DEATN 1 Naturel 5 Pending Investigation 2 Naccident Investigation	28b. TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED	
ED		— At home, farm, street, factory, office y)	281. LOCATION (Street and Number or Flural R City or Town, State)	loute Number,
COMPLET		edge, death occurred at the lime, data and place, and du and/or investigation, in my opinion, death occured at th) and manner as stated,
U		29c. LICENSE NU	UMBER 29d. DATE SIGNED.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	/ I s	4	(Month, Day, Year)
	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	THATEM 27) (Type, Prim)	CUCKEYSVILLE N	8/90

FOR

CTATE OF MADVEAUD / DEDADTMENT OF USAITH AND MENTAL HYCIPAF

	1 - STATE REGISTRAR	SIAIL OI III	C			F DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)		_	187			2. OATE OF CEATH	AY YEA	3. TIME OF DEATH
	Jack Feldman						February	3. 199	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
	112 09 8792	1 🔀 M 2 🗆 F	88	YRS.	MONTHS DAY	TS HOURS MIN.	August 17	,1901	New York
	Sa. FACILITY NAME (If not institution, give s	ireet and number)			9b. CITY, TOV	VN OR LOCATION DE	PEATH	9c. COUNTY C	OF DEATH
6	Montgomery Gener	al Hospit	al		Olne	У,		Mont	tgamery
ង្គ	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY	,		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
DIRECTOR		tgomery			Burt	onsville			LIMITS?
	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	15721 Allnut Lan	e				20866		Unit	ted States
5	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. A	RMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	or No- 14. F	RACE American Indian, Black, White, etc.
BYF	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE W	YES 2 X	ĞιΟ		YES 2 X YD Spec	an, Puerto Rican, atc.) //y:		Specify: White
	15, OECEDENT'S EDU		18a. Di	ECEDENT'S	USUAL OCCUP	PATION	18b. KIND OF BU	SINESS/INDUSTR	₹Y
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		Do NOT u	work done during se retired.)	most of working			
릴	12 years		N	lanuf	acture	r	Dry	7 Goods	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Malden		
8E (Sam Feldman						Rubinsteir		
9	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tox		
1	Francine Albert					carretery, crematory or	, Wheaton,	Mary Lai	
	20a. METHOD OF DISPOSITION XX Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	other p	lece)		Gardens		ney, Man	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- To didect		22, NAM	E ANO ADDRESS OF F	ACILITY		
	> Sonald	m.	Otes	n					L FUNERAL HOME HINGTON, D.C.
	23. PART I. Enter the diseases, or								Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Finel	List Dnly One Cau	se on eech iin	e.	70	1			interval Between Onset and Daath
	disease or condition resulting in death)	. Rea	vera	tom	1	lever			10
		DUE TO	(OR AS A CONSE	QUENCE O	F):	()	1		
8	Sequentially list conditions,		(OR AS A CONSE	- CC	4	pedus	my el	ann	- 20
¥	If any, leading to immediate cause. Enter UNDERLYING	5004	له م		P	Jan Jan	0.000		13,1
띮	CAUSE (Disease or injury that initiated events	DUE TO	(DR AS A CONSE	QUENCE D	F):	2-6-62			1
CERTIFICATION	resulting in death) LAST	d							
2	PART II. Other significant condition	s contributing to	death but not	resulting	in the under	lying cause given i			24b. WERE AUTOPSY FINDINGS
DICAL	SIP capturity	in 4 2	s and	1_	4	7	PERFO	200	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MED	lyon Bus	in al	1		4 0	ulas la	7	2	OF DEATH?
2	Gelode	4				0			
¥	25. WAS CASE HEPERINED TO MEDICAL EXAMINER?					6. PLACE OF DEATH (C	Check only one)		
SIC	1 YES & NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 - Residence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE DF (Month, D		26b. TII	JURY 28c	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	:D
B	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28a, PLACE O building,	etc. (Specify)	ome, farm,	street, factory,	office	28f. LOCATION (Street City or Town, State		ural Houte Number,
Ħ	an acuration						1		
COMPLETED	(Check only						ue to the cause(s) and mi		use(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE		#		on, army opan	29c. LICENSE N			GNED (Month, Day, Year)
8	7-11 J 10		K	/		NO 491	OMBER	D 2 /2	1/90
2	30. NAME AND ADDRESS OF PERSON W	ID COMPLETED CAU	SE OF DEATH OF	27) (Typ	e, Priot)	1000 11/0		. /	/
	#326 18 111	Prier	rce	Phe	ligo L	ve 0	Iney 1	rd	20832
	FEB 0 9 1990	Fiche Day	R'S SIGNATURE	AR			,		

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

sign is should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be matified at once.

MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

In be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeribe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical examiner

DHMH-18 Rev 1/89

A REAL PROPERTY.

ed at once.

i	1. DECEDENT'S NAME (First, Middle, Lest) Lettie M	alarkey (Gilbride	× .					2. DATE OF DEATH	1990	YEAR	3. TIME OF DEATH
ì	4. SOCIAL SECURITY NUMBER 219-14-0486	5. SEX	6. AGE (In yrs. les	t birthday)YRS.	IF UNDER 1 1	MYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH		a. BIRTI	PLACE (State or Foreign
5	98. FACILITY NAME (If not institution, give s 5605 Braxfield				9⊾ ατγ, τ Hale		orpe	ON OF DE	ATH		NTY OF C	
UNERAL DIRECTOR	100. STATE 10b. COUNT BOT	timore		10c. CITY	Hair	69	orpe					10d. INSIDE CITY LIMITS? t YES 2 NO
L L	5605 Braxfield	Road				101	ZIP SODI	227		10g. 687	SA OF	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 W Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR YES 2 1 VAR OR DATES	IMED NO	N y	es, sp			NC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No—	Blac	E — American Indian, k, White, etc. Îte
1000	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	cedent's live kind of w Do NOT use etary	rork done dur e retired.)	ing mo		og.	hospit		DUSTRY	
COMPLE	17. FATHER'S NAME (First, Middle, Last) Martin Malarkey	,			****				ME (First, Middle, Meiden get Tique	Sumame)		
20 20	19a. INFORMANT'S NAME (Type/Print) Mr. James P. Gi	lbride,							Poute Number, City or Tow Halethorp		Code) Md	21227
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE Cath	of piseos iedra]	L Ceme	ete	ry				nton	, Penna.
	22. NAME AND ADDRESS OF FACILITY AMDROSE FUNEral Home 1328 Sulphur Spring Road, Arbutus, Md											
	Approximate interval Between Onset and Death Approximate interval Between Onset and Death Security of the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, Approximate interval Between Onset and Death Approximate interval Between Onset and Death Security of the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death											
5	Sequentially list conditions, if any, leading to immediate	b	OR AS A CONSE		"lu	H	Boll	thy	wides	m	/	1-
HILLAHON	cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	c	(OR AS A CONSE	OUENCE OF		Ų	X	gu DI	In D.	eal	MU	leg
1 00	PART ii. Other significent condition	na contributing to	death but not	resulting i	n the und	eriyin	g ceuse	given in	Part . R4a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL S									1 TES 2	-		COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIAIN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:			/	eck only one)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE O	ER/Outpatient : F INJURY Day, Year)	28b. TIMI		BG. INJ	JURY AT DRK? YES 2		6 Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OC	CURED	
150 61	2 Accident Investigation 3 Suicide 6 Could not be datermined	28e. PLACE (building	OF INJURY — At he , etc. (Specify)	ome, farm, s	street, factor	y, offic	**		261. LOCATION (Street City or Town, State)	and Numbe	r or Rural	Route Number,
COMPLEIED	ann)	1000 E							to the cause(a) and ma			s) and manner as stated.
O BE O	29b. SIGNATURE AND TITLE OF CERTIFY	ax	29	Zi	1)		29c. LIC	S/	322	29d, DAT	E SIGNE	P (Morith, Gay, Year) 21890
	30. NAME AND ADDRESS OF PERSON WITH	iden	(Cl	- l	an	_		3	Con rill	1. 1	W -	2/22/
	31. DATE FILED 1991 1990 32/REGISTRAR'S SIGNATURANCE											

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and every be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the attending physician and completely filled in by the street of the street of the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, comation, or remove	MPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical axaminer must be notified at once.
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	FOR	STATE OF MARYL	AND / DEPAR	RTMENT	OF HEALTH AND	MENTAL HYGIEN) IF	0 03032		
	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	No Be P	OFFMAN		2. DATE OF DEATH BAY 9 YEAR 3. TIME OF DEAT						
	1. SOCIAL SECURITY NUMBER 120-18-6319	5. SEX 6. AGE (in yrs. lest birthday) 1 M 2 F 62 YRS.			YEAR IF UNDER 24 HRS. DAYS HOURS MIN.					
œ	9a. FACILITY NAME (If not institution, give s Baltimore County		own or Location of Di ndallstown	EATN		OF DEATH				
6	RESIDENCE OF DECEDENT	General nos	prtar	Ra	ndalistown		ватт	imore		
DIRECTOR	Maryland 106. COUNTY	Baltimor		y, town on kdale				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?		
N.	3517 Ellen Road.	12. WAS DECEDENT EVER II	NII S ARMED	[40 NW	21207 S DECENDENT OF NISPAI	NIC OBIONIS (B No. No.	USA	. RACE — American Indian.		
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1XXYES IF YES, GIVE WAR OR D 1946-1947	2 NO	lf y	es, specify Cuban, Maxica YES 2 A NO Specif	en, Puarto Rican, etc.)	or No—	Black, White, etc. Specify: White		
B	15. DECEDENT'S EDU (Specify only highest grade	CATION completed	16a. DECEDENT'S		UPATION ing most of working	16b. KIND OF BU	SINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)								
N N	12 years 17. FATHER'S NAME (First, Middle, Last)		Contrac	ctor	48 MOTNER'S NA	Self e		d		
	George Martin Ho	offman Sr.				ie Viola B				
BE C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or Rural			ode)		
2	Mrs. Margaret Lo	uise Hoffman	3517	Ellen	Rd. Balt:	imore, MD	2120	7		
	20a. METNOD OF DISPOSITION 1 Y 3 Gurial 2 Cremation 3 Ram	oval from State	other place)		of cemetery, crematory or			y or Town, State		
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE		orraine		Cemetery ME AND ADDRESS OF FA		odlawn	Maryland		
	Del 10	- 1			ring Byer 1		rector	s, Inc.		
	23 PART VEnter the diseases of	complication that cours	habe math Do	87	28 Liberty	Rd. Rand	allsto	wn, MD 21133		
	23. PART Enter the diseases, or complications that causaid the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Approximata Interval Between Onset and Death Organization of the condition of the cause									
	DUE TO (OR AS A CONSEQUENCE OF):									
RTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
S	cause, Enter UNDERLYING CAUSE (Disease or Injury	c								
E	that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE O	IF):						
E E		d								
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMAI									
MEDICAL						1 TYES	2 NO	OF DEATH?		
						— []		1 YES 2 NO		
SICIAN:	26. WAS CASE REFERRED TO MEDICAL	1			26. PLACE OF DEATH (C/	heck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputiont 2 ER/Out	patient 3 DOA	OTHER:	g Home 5 - Residence	6 Other (Specify)				
у РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TII	UE OF 2 JURY	8c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	RED			
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Spe	street, factor	y, office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
PLE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	vledge, deeth occur	red et the tim	e, data and place, and du	a to the cause(a) and ma	nner as stated			
COMPLET	anal							cause(a) and manner as stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIE	"LD			29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)		
TO B	C./anl	W			DI	7333	> 2	-6.90		
	30. NAME AND ADDRESS OF PERSON WE	A 10 -	H, RA	N DA	LL TOW	N,MD	2113	7		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	VATURE			-				

Juna Davidson-Aandell

BALTIMOBE ARPLAND 21203-3146

host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimension which have detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner more an enece.
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500	FUN	E S	TAN
뽀	뽀	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	OR
10	10	Se ff	F

	1 - STATE OF MARYLAND / CI	DEPARTME			IENTAL HYGI REG.				
	1. DECEDENT'S NAME (First, Middle, Last) TERV D. 44	010	E11		2. DATE OF DEAT	BAY G	SEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In ygs. le:		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	215-04-5031 1 1 1 6	YRS. MONT	HS DAYS	HOURS MIN.	(Month, Day, Yes	3-83	Barn Md.		
_	90. FACILITY MAME (If got institution, give street and number)	9b. (CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH		
5	RESIDENCE OF DECEDENT		Da	16.10	14.				
DIRECTOR	106. STATE 10b. COUNTY	10c. CITY, TOY	VN OR LOCATI	ON			10d, INSIDE CITY		
	Md.	Ba	ilto.				LIMITS?		
MAL N	10e. STREET AND NUMBER		10f.	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	2675 Gatehouse Dr. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AE			21207			SA		
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO I	If yes, spe	endent OF HISPANI city Cyben, Mexican 2 NO Specity:	, Puerto Rican, etc		14. RACE — American Indien, Black, Whife, etc. Specify:		
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (6	ECEDENT'S USUA	L OCCUPATIO	N It of working	16b. KIND OF	BUSINESS/INDU	STRY		
9	Elementary/Secondary (0-12) College (1-4 or 5+)	Do NOT use retir	ed.)						
COMPLETED	17. FATMER'S NAME (First, Middle, Last)	tudent		18. MOTHER'S NAM	P (Sin Aller) Al	14-6			
	Jerry Holden				Hara				
BE		b. MAJLING ADDI	PESS (Street or	nd Number or Rural R			Pode)		
2	Elaine Muller 2	2675 Gat	ehous	e Dr., Ba	alto., M	ld. 21	207		
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Cher (lace))								
	4 Donation 5 Other (Specify) U. 3. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE			Mills, Md.					
	4300 Wabash Ave.								
	22 DART I Enter the diseases or complications that council the	ant. Do not in		imore, M					
	PART I. Enter the diseases, or complications that caused the deshock, or heart failure. List only one cause on each line.		nter the mod	se or aying, such	ss cerdisc or r	espiratory arre	Approximate Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition	rest.					Onset and Death		
	disease or condition resulting in death) Due to (or as a conse	OUENCE OF):							
Z	Sequentially list conditions, Due to (or As A conse	elu	Buth						
CERTIFICATION			12 V						
임	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSE	OUENCE OF):	any	agrapa	Bush				
E	resulting in death) LAST	Kusm	21	Clard	alion		Buith		
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Σ.	a hospitalization. Reco	o grun	ع الم	me you	12	1 -2 100	1 TYES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL	/ /		ACE OF DEATH (Che	ck only one)	I dans I a			
rsic	1 DYES 2 NO 1 Inpatient 2 ER/Outpetient		HER: Nursing Home	5 Thesidence	Other (Specify,)			
	27. MANNES OF DEATH 28e. DATE OF INJURY (Month, Day, loan)	26b. TIME OF INJURY	26c, INJI WO	RK?	26d. OEŞCRIBE H	OW INJURY OCCU	IREO		
BY	2 Accident Investigation	ome form street	M 1 V		251 LOCATION (S	O PA	or Driver Driver Microbine		
9	3 Suicide e Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
H	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d	eath occurred at	the time, date	end place, end due	to the cause(e) end	manner as state:	1.		
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or								
BE C	29b. SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NUM	BER	29d. DATE	SIGNED (Month, Day, Year)		
TO B	Filling Ladray il.	0		D 1195	0	> 2	-16/90		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE			estmut	H'II	ANI	21136		
	31. OATE FILED (Month, Day, Year) 32. REGISTRARIC SIGNATURE	1.1	CM	CC 3 1 / WALL	(111)	413.10	p. 00		
	FEB 09 1990 July Devidor Ashda								

1		-	FOR STATE REGISTR	Al
Г	4	-	CCEDENT'S	M

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.													
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIM									3. TIME OF DEATH				
							February 7, 1990						
4. SOCIAL SECURITY NUMBER	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAY'S HOURS MI						_		Day, Year)		Country)		
219 10 085		1 M 2 XXF	65	YRS.	AL OUTY TO	OWN OR LOCA	71011 05 05		ber 28			ryland	
1206 Sabi	na Ave	,				timore.		AIII		Baltimore City			
RESIDENCE OF DEC	10b. COUNT	Y		10c, CITY	TOWN OR I	LOCATION					1	lod. INSIDE CITY	
Maryland	Maryland Baltimore City B					ltimore					1 X YES 2 NO		
Contract of the second	10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT												
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1 Never Married 2	Married	FORCES? 1 [YES 2	XXXVO	If ye	es, specify Cu	ban, Maxicar	n, Puerto Ri		or No-	Bleck,	American Indian, White, etc.	
3 Widowed 4 Divo						YES 2XX	о зресну				Specify:	White	
(Specify on	EDENT'S EDU	completed)		a. DECEDENT'S 1 (Give kind of w life. Do NOT use	ork done duri	JPATION ing most of wo	rking	16b. I	KIND OF BUS	INESS/INDU	STRY		
Elamentary/Secondary (0-12)	College (1-4 or 5 +)		roup Ma	nager				A. T.	and '	г.		
17. FATHER'S NAME (First, A Robert I							Vola	ME (First, MI	iddle, Maiden :	Surname)			
19a. INFORMANT'S NAME (19b. MAILING	AOORESS (S					, State, Zip (Code)		
Steve F.				1206	Sabir	na Ave	nue, 1	Balti	more,	Md.			
20a. METHOD OF DISPOSITING Burlel 2 Crematic 4 Donation 5 D Other	On 3 Rem	noval from State	20b. PL	ACE OF DISPOS	ITION (Name						cation - city or Town, State kesville, Maryland		
21. SIGNATURE OF FUNERA		CENSEE			22. NA	ME AND ADD	RESS OF FAC						
> Lun	ml	BUILDE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BUrgee—Henss Funeral Home 3631 Falls Road, Baltimore, Maryland 21211										
			NEW	111	36.	31 Fal	ls Ro	ad, I	Baltim	ore,	Mary	land 21211	
23. PART I. Enter the dahock, or h	liseasea, or naart fallure.	complications thet List only one caus	ceused the	e death. Do n								Approximete Interval Between	
ahočk, or h IMMEDIATE CAUSE (FI	aart fallure.	List only one caus	e on each	ilne.	ot enter th	e moda of	dylng, suci	h aa cerdi				Approximete interval Between Onset and Death	
ahočk, or h	aart fallure.	List only one caus	e on each	ilne.	ot enter th	e moda of	dylng, suci	h aa cerdi				Approximete Interval Between	
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that for use as the burial-transit permit. Pages 1, 2, 3 should cup tal or attending physician. UD 21203-3146 BALTIMORE, MAD TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be real TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, gage 5 as be filed within 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netting

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILE LABOUT DOX, YOU 1990

32 REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	HRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer	burial, crematio	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTA	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) WI	LLIAM PHILIP				2. DATE	OF DEATH		AR 3.	TIME OF DE	ATH A M
	221 00 0302	562 1X M 2 \square F 75 YRS. MONTHS DAYE HOURS MIN. 3-6-						Dey. Year) Country) 5-14 Mar			Foreign
TOR	90. FACILITY NAME (If not institution, give street and number) 7001 Lachlan Circle Apt. H Towson Balti										
DIRECTOR		Baltimore Towson									X.Wo
FUNERAL	7001 Lachlan C		/		21204			US.	A		
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2XXMarried FORCES? 1 YES XXNO If yes, specify Cuber, Mexico						or No 14.	Black, WI Specify:	American Inchite, etc.	nen,
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)						16b. KIND OF BUSINESS/INDUSTRY				
M	6th 17. FATHER'S NAME (First, Middle, Last)			Chef		1007.45		tauran	C		
	William Frederic	k Hong			16. MOTHER'S N.						
BE	19e. INFORMANT'S NAME (Type/Print)	K Helz	195 MAILING	ADDRESS (Street)			ougher	· ·	rin1		_
2	James G. Proches	ka III		Brixton						230	
	20a. METHOD OF DISPOSITION	20b. F	LACE OF DISPO	SITION (Name of cer				CATION - City			
	XX Burlel 2 Cremetion 3 Removal from State 4 Donation 45 Other (Specify) Parkwood Cemetery Baltimore, Maryland									1	
	Dennis Stephen	n Konaku Xenakis		22. NAME A	nd ADDRESS OF F						
	23. PART I. Enter the disease, or coahock, or heart feliure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one cause on esc	th line.	not anter the mo			flac or reap	ratory arrest	,		mata Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C									
EH	reaulting in death) LAST										
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AN	25. WAS CASE REFERRED TO MEDICAL			26 P	ACE OF DEATH (C	heat ant a	na)		<u></u>		_
Sici		HOSPITAL:	lant 3 🗆 DOA	OTHER:	e 6 Presidence						
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. T/8	ME OF 28c. IN.	URY AT HER PROPERTY OF THE PRO			(Specify) CRIBE HOW INJURY OCCURED			
	2 Accident 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	CONTROL ONLY	IAN: To the best of my knowled: On the bests of examination							euse(e) an	d manner es	stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Palmis am),	29c. LICENSE NO	JMBER 940	7	29d. DATE S	GNED (Ma	onth, Day, You - 9 t	
10	30. NAME AND ADDRESS OF PERSON WHO Joseph F. Palmis				alto. Md	. 212	239				
St. Date Filed (Month, Day, 16an) FEB 0 9 1990 Section Davidson-Randoll											

DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may 6 mm and 10 the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	1	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF						REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III) VI						2. DATE OF MONTH	8		90	1239 PM
	216-50-2283	1 M 2 D F 4 1	s. lest birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, D		3	Country) MD	LACE (State or Film
œ	9a. FACILITY NAME (If not institution, give st						ION OF DE			9c. COUN	TY OF DEA	ATH
CTO	JOSEPH RITCHI	E HOUSE					E C	I T' Y				
DIRECTOR	10a. STATE 10b. COUNTY	<u></u>		ALTI			ITY					LIMITS? LIMITS? YES 2 NO
RAL	100. STREET AND NUMBER 525 THORNFIELD	POAD			101	. ZIP COD				10g. CITI2		IAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS \$2	12. WAS DECEDENT EVER IN U.S FORCES? 12-YES 2 IF YES, GIVE WAR OR DATES	□ NO		If yes, sp	ecity Cub	OF HISPAN	IIC ORIGIN? (n, Puerto Ric		or No-	USA 14. RACE Black, Specify:	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	Give kind of life. Do NOT u	work done (se retired.)	during mo	ON ost of work	ing			SINESS/IND		
OMP	17, FATHER'S NAME (First, Middle, Last)	r. College	Tech	nici	an	10 1107	WEBIG MAI	Ha ME (First, Mid			lica	l Center
		ICKS					NIE			FLOW	TERS	
TO BE	19a. INFORMANT'S NAME (Type/Print)		-			and Numbe	r or Rural F	Poute Number,	City or Tow	n, State, Zip	Code)	
-	ANNIE HIC							ROA				21222
	# Buriel 2 □ Cremetion 3 □ Reme 4 □ Donation 5 □ Other (Specify)	oval from State oth	ACE OF DISPO					CEM		CATION $ C$		
	21. BIOGRATURE OF FUNERAL SERVICE LIC			22.	NAME A	ND ADDRE	SS OF FA	CILITY				RTH AVE.
	23 PART F Enter the diseases, or ahock, or heart failure.	complications that caused the List only one cause on each	e deeth. Do iina.	not enter	the mo	da of dy	ring, sucl	h se cardia	c or reap	Iratory arm	est,	Approximate Interval Between Onset and Death
	disease or condition reaulting in death)	OUE TO (OR AS A CO	NEEMENCE O	DY	/	di	rre	35/				1100
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	AT COLUMN									1 gr
MEDICAL	PART II. Other significant condition	a contributing to deeth but a	not resulting	In the ur	nderlyin	g cause	given in		4a. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF I	DEATH (Ch	eck only one)		,		
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie	nt 3 🗆 DOA	OTHEI	R:			a Dother (Ha	St	nce
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Morith, Day, Year)	25b. TII	JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCI	RIBE HOW	NJURY OCC	URED	
	3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, fec	tory, offic				ION (Street Town, State	end Number)	or Rural Ro	ute Number,
COMPLETED	anni anni	CIAN: To the best of my knowledg R: On the besis of examination an										and manner as stated.
TO BE C	29b. SHOMATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WH	1/aun	es	MXI	7	29c. LIC	ENSE NUI	MBER 10/2	2	29d. DATE	SIGNED (Mgnth, Day. Year)

o 0 RECORDS. VITAL OF DIVISION Section 1

1 - STATE REGIST	FRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICAT			HAL HYGIENE REG. NO.		
	"S NAME (First Middle, Last)	1e 0	COMON OF OF OTHER PROPERTY OF UNITED TO THE	DER 1 YEAR	1	DATE OF DEATH DATE	90	3. TIME OF DEATH AR SHEET M BIRTHPLACE (State or Foreign
578	48 0767 NAME (If not institution, give s	1 □ M 2 🖾 F 83	YRS. MONTH	S DAYS	HOURS MIN.	Month, Day, Year) April 11,	1906 Sc. COUNTY	Pennsylvania
RESIDENCE	CE OF DECEDENT	115 H8V	p 52	Tue	N SP	Vin)	MEX	Sgame"
	land Princ	e George's	Belts	ville		0		10d. INSIDE CITY LIMITS? 1 YES 2 NO
1145	1 Cherry Hil	ll Road		101.	20705			of what country?
1 Never Me	11. MARITAL STATUS 1 Never Merried 2 Merried 3XXWidowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES ZV NO IF YES, GIVE WAR OR DATES			If yes, spe	ENDENT OF HISPANIC O		RACE — American Indian, Black, Whita, etc. Spec th White	
	15. DECEDENT'S EDU (Specify only highest grade ry/Secondary (0-12)	completed)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired	ne during mos	N t of working	16b. KIND OF BUS	INESS/INDUST	RY
Elementary 12 ye		College (1-4 or 5+)	Housev	vife		Own Ho	me	
May '	NAME (First, Middle, Last) Temin				May (110	First, Middle, Meiden S ascertair		
10a INFORMA	ANT'S NAME (Type/Print)		19b. MAJLING ADDR	ESS (Street a/	nd Number or Rural Route			le)
Mich	ael S. Solon	non			Box 395-P			
1X Buriel 2	OF DISPOSITION 2 Cremation 3 Rem in 5 Other (Specify)	oval from State Oh	PLACE OF DISPOSITION other place) ev Sholom 1	(Name of com	etery, cremetory or Torah Con	Ceneter ngregatio	n Was	or Town, Stata shington, DC
21. SIGNATUR	RE OF FUNERAL SERVICE LIC	CENSEE	, i	CONALE	M.STEIN	HEBREW ME	MORIAL	FUNERAL HOME
IMMEDIATE disease or resulting in	shock, or heart failura. E CAUSE (Finel condition a death)	e. DUE TO (OR AS A	ech line.		o CZV C			interval Between Onset and Deeth
If any, leadicause. Ente CAUSE (Dis that initiate resulting in	iy ilat conditions, iling to immediate er UNDERLYING sease or injury sod events in death) LAST	с	CONSEQUENCE OF):					
₹	ther significant condition	na contributing to death b	ut not resulting in the	underlying	cause given in Part	24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					V			1 YES 2 NO
25. WAS CASE	E REFERRED TO MEDICAL	HOSPITAL:	ОТН		ACE OF OEATH (Check of	nily one)	1	
	IPT?				5 Realdence 6	Other (Specify)		
n res	2 🗆 NO	1 Inpatient 2 ER/Outp		T 00- 1111		A DEDODUDE HOW I	LHIMM COOLING	
27. MANNER C	0 2 NO OF OEATH ral 5 Pending	28e. OATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY	28c. INJI WO	JRY AT 28	I. DEȘCRIBE HOW II	JURY OCCUR	ED
2 Accid	OF OEATH rai 5 Pending investigation lide 8 Could not be	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	1 1 N	IRY AT RK? ES 2 NO	I. LOCATION (Street a City or Town, State)		
2 Accid	OF CEATH ral 5 Pending Investigation lide 8 Could not be determined ER 1 CERTIFYING PHYS	28e. OATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY M —At home, farm, street,	factory, office	JRY AT RRY 286 PRO 286	. LOCATION (Street a City or Town, State) he cause(a) and men	and Number or F	Rural Route Number,
2 - Accid 3 - Sulck 4 - Homk 29a. CERTIFIE (Check on limit)	OF CEATH ral 5 Pending Investigation lide 8 Could not be determined ER 1 CERTIFYING PHYS	28e. OATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the basis of axamination R	28b. TIME OF INJURY M —At home, farm, street,	factory, office	JRY AT RRY 286 PRO 286	. LOCATION (Street a City or Town, State) he cause(a) and men	and Number or F	Rural Route Number,
2 - Accid 3 - Sulciv 4 - Homic 29s. CERTIFIE (Check on	OF OEATH ral 5 Pending Investigation lide 8 Could not be determined leide 9 Person WHENCAL EXAMINITIES INDICAL EXAMINITIES INDICAL EXAMINITIES INDICAL EXAMINITIES INDICAL EXAMINITIES INDICAL EXAMINITIES INDICAL EXAMINIT	28e. OATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my know) ER: On the basis of axamination	29b. TIME OF INJURY M — At home, farm, street, sify) ledge, death occurred at the and/or investigation, in m ATH (##EM 27) (Typs, Print)	factory, office	JRY AT RRY 284 RRY ES 2 NO 281 And pleca, and due to the seth occurred at the time 29c. LICENSE NUMBER	LOCATION (Street a City or Rown, State) he cause(a) and men	ond Number or P	Rural Route Number, Ruse(a) and manner as stated, GNED (Month, Day, Year)

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detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

•	FOR STATE REGISTRAR		
Di	COEDENTIO MARKE (CI-)	 4 44	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	n Flton	Johnso	n	2. DATE OF DEATH MONTH D	AY 900	3. TIME OF DEATH 2594 M
	4. SOCIAL SECURITY NUMBER 219-07-6022	1 M 2 🗆 F	yrs, last birthday) IF I	UNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-10-26	Cou	THPLACE (Stete or Foreign ntry)
TOR	PACILITY NAME (If not institution, give st	Tel and number)	Renter "	CITY, TOWN OR LOCATION OF D	EATH	Sc. COUNTY OF	DEATH
DIRECTOR	10e. STATE 10b. COLLAPSY	Hinch	10c. CITY, 10	WN OR LOCATION	IVER	,	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10%. STREET AND NUMBER	METER	Pur	T 2/2	20	10g. CITIZEN OF	WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 FES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic. 1 YES 2 NO Specif	an, Puerto Rican, etc.)	Ble	CE — American Indian, ack, White,
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S USU	AL OCCUPATION done during most of worlding	16b. KIND OF BU	SINESS/INDUSTRY	VAI
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me Do NOT use not	MANIC	MA	ATI.	15
BE CO	17. FATHER'S NAME (First, Middle, Last)	TOHNSO	1	18. MOTHER'S NA	ME (Finst, Middle Melden	Surname)	V=15
TO B	19a. INFORMANT'S NAME (Type/Prigt)	eHdson	19b. MAILING AGE	ESS (Street end Number or Rural	Route Number, City or Tow	n, Street Brooking	PHIRE D2/220
	20a. METHOD OF DISPOSITION 1 ## Burlel 2 Cremation 3 Remid	oval from State 20b.	PLACE OF DISPOSITIO	N (Napre of comotory, organitory or	20c. LO	Sels-1	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11	22, NAME AND ADDRESS OF F	Curry File	CALEED	Al HOME
	23. PART 1. Enter the diseases, or canonical abook, or heart fellure.	complications that caused List only one cause on ea	The death. Do not e	enter the mode of dying, suc	ch ae cerdlec or reep	fratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Prostate	Cance	v			Onset and Death
NO	Sequentially list conditions,	b	CONSEQUENCE OF):				
ICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c					
CERTIFICATION	that initiated events resulting in death) LAST	d	CONSEQUENCE OF):				
DICAL C	PART II. Other significent condition	a contributing to death bu	it not resulting in th	ne underlying cause given in	Part I. 24e. WAS AN		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
¥					1 TYES	2 DE NO	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
SIC	EXAMINER?	HOSFITAL:		HER: Nursing Home 6 - Residence	6 Other (Specify)		
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stree	t, factory, office	281. LOCATION (Street City or Town, State	and Number or Plure)	al Floute Number,
COMPLETED	one)			the time, data end place, and du my opinion, death occured at the			e(e) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	Was -	20	29c. LICENSE NU	7458	29d, DATE SIGN	ED (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Prin		-		- ((
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA					
	FFB 0 9 1990 \$	whe Davidson-Ran	dell				

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	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL	REG. NO.	:			
	1. DECEDENT'S NAME (First Middle, Lest)	E. Jol	ms.			2. DATE	OF DEATH	4	B 3.1	P 55	A A
	4. SOCIAL SECURITY NUMBER 215 14 8443 90. FACILITY NAME (If not institution, give st	1 [] M 2 [F	yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN. OR LOCATION OF	(Month	OF BIRTH , Day, Year)	_	Country)	CE (State or For	
DIRECTOR	DEATUN HOSP	TAL + MEDICA		Ba	Ltimoi			SC. COUNTY			
DIRE	MARYLAND 106. COUNTY			Y, TOWN OR LOCA BALTIMO						INSIDE CITY LIMITS? YES 2 1	
	10e. STREET AND NUMBER	A T. T. D. W. T.		10	11. ZIP CODE 2121	1		10g. CITIZEN	21		
FUNERAL	1308 MORLING	12. WAS DECEDENT EVER IN		13. WAS DE	CENDENT OF HISE		? (Specify Yee	USA or No- 14.	RACE — /	American India	n,
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, s	pecify Cuben, Mex 8 2 ZANO Spe	icen, Puerto F			Specify:		
BE COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) UNKNOWN	CATION completed) College (1-4 or 5+)	life. Do NOT us	vork done during m		16b.	KIND OF BUS	INESS/INDUST	RY		
SON	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S						
	FRANKLIN J. DAV	/IS	10b MAII ING	ADDRESS (Street	end Number or Rur	ian	Rid	enou	R		
19	BETTY BROWN		1243	UNION A	VENUE,	BALTIN	ORE, N	D. 21	211		
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remote the Donation 5 Other (Specify)	numb drawn Chata	place of dispos other place) LANEY VA					CATION — CHY		State (ARYLA)	ND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE / L	1	22. NAME /	LAN SEI	FACILITY	R. FUNI	ERAL H	OME		
	a Glan	- Seit.	41	3818	ROLAND	AVENU	JE, BAI	LTO., I	MD.	21211	
	23. PART I. Enter the diseases, or carbook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on as	och Ilna.		ode of dylng, a	uch aa card	llac or reapir	etory arrest		Approxima Interval Be Onset and	tween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Deabite Deabite	CONSEQUENCE OF	n:							
	PART II. Other algnificant condition				ng cause given	In Pert I.	24a. WAS AN			RE AUTOPSY FIN	
I: MEDICAL	Cerebro vesculo	rebent DRP refiseese	ctes Me	Urtes.		_	1 TYES 2		OF OF	MPLETION OF CO	AUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPINAL:		26.1 OTHER:	PLACE OF DEATH	Check only on	e)				
14SI	1 VES 2 19-NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outp	atient 3 DOA 28b. TIM	4 - Nursing Ho	me 5 Resident	_	r (Specify)	THIS OCCUS	ED		
BY PI	1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	IN	M 1	ORK? YES 2 NO						
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	etreet, factory, off	ca	261. LOC City	ATION (Street a or Town, State)	nd Number or I	Rural Floute	Number,	
COMPLETED	one)	CIAN: To the best of my knowl R: On the beels of examination							suso(s) sn	d manner se st	lated.
B	29b. SIGNATURE AND THE OF CERTIFIES	My			29c. LICENSE	9851	-	29d. DATE SI	18/	90 Day Year)	
2	GOVE IGLEV	thy (001	S. Cha	Hes St.	Baltin	More,	Md.	2/2	30		
	FEB 09 1990 July	32. REGISTRAR'S SIGN	TURE								

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death.	funera I.	examir	
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NOURS	or ref	medi	
124	ation,	the	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 nours after death. Page 6 may be retain to be retained by the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 nours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shaulter of the hied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR	STATE OF M	ADVI AND	DEDAD	TREFNIT	0F U	FAITU AND I	ikpaita	LIVOIEN		JU	0306
	1 - STATE REGISTRAR	SIAIE UP IV					EALTH AND I DEATH	MENIA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	77						MONT	OF DEATH	Y YE	AR	IME OF OEATH
	WILLIAM	<i>H</i> .		LES				2				0:49 A M
	4. SOCIAL SECURITY NUMBER 214-18-9872	5. SEX 1 pg M 2 p	8. AGE (In yrs. le	et birthday) YRS.		DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	of BIRTH h, Day, Year) 17/2	1	Country)	CE (State or Foreign
~	9e. FACILITY NAME (If not institution, give st				9b. CITY,		R LOCATION OF DE			9c. COUNTY	OF DEATH	
OT.	547 Halfmile C	ourt.				Bal	timore C	city				
DIRECTOR	100. STATE 10b. COUNTY	,			Y, TOWN OF		E CITY				500	. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CITIZEN	OF WHAT	
Ä	547 HALFMILE						21201				SA	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT FORCES? 30 IF YES, GIVE W	TYES 2		11	yes, spe	ENDENT OF HISPAN Helfy Cuben, Mexice 2000 NO Specify	n, Puerto			RACE — A Black, Wh Specify:	merican Indian, ite, etc. BLACK
B	15. DECEDENT'S EDUC (Spealfy only highest grade	CATION		ECEDENT'S				166	. KIND OF BUS	SINESS/INDUST	RY	
COMPLETED	Elementary/Secondery (0-12) 12th Grade	College (t-4 or 5 +)	ABOR	se retired.)	unng mos	st of working	IV.	'A			
O	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First,	Middle, Meiden	Surname)		
BE C	THOMAS LYL	ES					ANNA					
TO B	190. INFORMANT'S NAME (Typo/Print) GERALDINE DOR	RSEY					A V E N U E					21216
	20e. METHOO OF DISPOSITION 1 DB Burlel 2 Cremation 3 Rem 4 Donellon 5 Other (Specify)	oval from State	other r	race)			netery, cremetory or $PK ldot CEM$	1ETE		CATION $-$ CHy $ARBUT$		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE /	7				ID ADDRESS OF FA					
		4/1	- 5		WM	C	MARCH	F F	770	1 E	NOR	TH AVE
	23. PART I. Enter the diseases, of c	complications that	caused the d	eath Do								Approximata
	shock, or heart fellure. IMMEDIATE CAUSE (Finel	List only one cau	se Dn aach lin	e.								Interval Between Onset and Desth
	disease or condition resulting in death)	Cancer	of th	roat.							İ	
	resulting in death)	u	(OR AS A CONSE		F):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO	(OR AS A CONSE	EOUENCE O	F):							
CA	cause. Enter UNDERLYING CAUSE (Disesse or Injury	с										
	that initisted events	DUE TO	(OR AS A CONSE	OUENCE D	F):							
H		d						-			i	
, I	PART II. Other significant condition	s contributing to	deeth but not	resulting	in the unc	deriying	ceuee given in	Part I.	24a. WAS AN PERFOR		24b. WEI	RE AUTOPSY FINDINGS FLABLE PRIOR TO
MEDICAL	Arteriosclerot	ic Cardio	ovascula	ar Di	sease)			1 TES 2		COI	MPLETION OF CAUSE DEATH?
ME						_					1 [YES 2 NO
ä									INSPE	CTION		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only o	ne)			
YS	1 TYPES 2 NO	1 Inpatient 2		_	4 🗆 Nurs	Ing Hom	e 5 🔀 Reeldence					
PH	27. MANNER OF OEATH XXX Netural 8 Pending	28e. DATE OF (Month, D		28b. TIN	JURY M		URY AT PRK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCUR	ED	
ВУ	2 Accident Investigation	28e. PLACE O	F INJURY — AI I	ome ferm				28/ 10	CATION (Street	end Number or I	Surel Bourte	Number
딢	3 Suicide 8 Could not be 4 Homicide determined		atc. (Specify)	, , , , , , ,		J. J. C. 1110.			or Town, State)		nurer route	THURTHOOT,
Ē	29e. CERTIFIER t CERTIFYING PHYSI	ICIAN: To the best of	my knowledge o	leath occur	red at the He	me date	and place, and due	to the or	use(e) and ma	oner es stated		
COMPLETED	(Check only one) 2 MEDICAL EXAMINE										ouse(e) en	d manner ee stated,
	THE SQUATURE AND TITLE OF CERTIFIE	001	h	1			29c. LICENSE NUI			29d. DATE SI		
BE (Marie F.	Doll.	Al	MA			OCME				4-90	,-
인	30. NAME AND ADDRESS OF PERSON WH											

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)00. Print)
Mario F. Golle, Jr., M.D., Assistant

32. RESISTRAR'S SIGNATURE TONGER

111 Penn Street, Baltimore, MD 21201

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BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ing physician.

the bunal-transit permit. Pages 1, 2, 3 should

	1 - FOR STATE OF MARYLA 1 - REGISTRAR		TOF HEALTH AND I	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) (Eleanor) Elenore B.	Lyles		2. DATE OF DEATH DAY 2 - 3	1990	3. TIME OF DEATH 11:45 A M
	226/26/5027 1 DM 2 XDF 6	6 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 7/21/23	6. BIRTH Countr	IPLACE (State or Foreign
10R	9a. FACILITY NAME (If not institution, give street and number) Md General Hospital RESIDENCE OF DECEDENT		ty, town on Location of DE altimore	ATH	e. COUNTY OF D	EATH
DIRECTOR	10a. STATE 10b. COUNTY MD	10c. CITY, TOWN	OR LOCATION TIMORE CITY			10d. INSIDE CITY LIMITS? TYPE YES 2 NO
FUNERAL	100. STREET AND NUMBER 547 HALFMILE COURT		101. ZIP CODE 2 1 2 0 1	1	USA	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	NO TO	3. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 TYES 2 MO Specify	n, Puerto Rican, etc.)	No- 14. RACE Black Speci	E — American Indian, k, White, etc.
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Give kind of work doi ille. Do NOT use retired	ne during most of working f.)	16b. KIND OF BUSIN	ESS/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Leet) HENRY SHRIEVES		16. MOTHER'S NA MILLI		UCKER	
2	10a. INFORMANT'S NAME (Typo/Print) GERALDINE DORSEY 20a. METHOD OF DISPOSITION 20b.	3602	SS (Street and Number or Rural I DUVALL AVE. (Name of cemetery, crematory or	/BALTIMOR		
	1 Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)	RBUTUS M	EMORIAL PK	CEM. ARB	UTUS,	MD
	+ train Aer	1	March F/H East 101 E. North			
z		ch line.	al busaf			Approximate Interval Batween Onset and Death
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CONSEQUENCE OF):				
AL CE	PART II. Other algnificant conditions contributing to death but	t not resulting in the	underlying cause given in	Part I. 24e, WAS AN AL PERFORMI		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
: MEDIC				1 TES 2	ON	COMPLETION OF CAUSE DF DEATH?
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТН				
BY PHYSICIAN:	1 VES 2 NO 1 Inpatient 2 ER/Outpa 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	8 U Other (Specify) 28d. OEŞCRIBE HOW INJ	URY OCCURED	
ا ۵	a Decident	— At home, farm, street, (actory, office	281. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,
COMPLETE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of axamination					s) and manner as stated.
TO BE	I. Durofsky m	8.	290 LICENSE NU	7839	DATE SIGNED	O (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	mb 4"	134 PARK 1	tyl AVE	2/2/1	-
	31. DATE FILEO (B) (O) 1990 32. FORTRALE SIGNA	TURE				

1203-3146

BALTIMORE, MAI

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last)					OF DEAT		REG. NO.		3. TIME OF DEATH	
(Elbert)) ALBERT	J.	Mitchel	11			2-7-90	YEA		
4. SOCIAL SECURITY NUMBER 040-42 2041	5. SEX	6. AGE (In yrs. 4 0		UNOER 1 YE	AR IF UNDER	14 HRS. 7. MIN.	DATE OF BIRTH (Month, Day, Year) 9 19-4	a	IRTHPLACE (State or Foreign ountry) CONN.	
9e. FACILITY NAME (If not institution, give	street and number)		91	b. CITY, TO	WN OR LOCATIO	N OF DEATH		9c. COUNTY C		
2430 St. Paul S	treet			В	altimor	e Cit	. <u>Y</u> .			
10e. STATE 10b. COUNT			BALT		OCATION $RE\ CIT$	Y			10d, INSIDE CITY LIMITS?	
10e. STREET AND NUMBER					10f. ZIP CODE	9		10g. CITIZEN	OF WHAT COUNTRY?	
2436 ST. PAUL	L STREET				212	18		Į	USA	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	ARMED ZINO	It ye	DECENDENT OF s, specify Cuben YES 2 P NO	, Maxicen, P	ORIGIN? (Specify Yee werto Rican, etc.)		RACE — American Indien, Black, White, atc. Specify: BLACK			
15. DECEDENT'S EDI (Specify only highest grad		160.	DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCU	PATION ag most of working	,	18b. KIND OF BUS	SINESS/INDUST	ΥΥ	
Elementary/Secondary (0-12) High School	College (1-4 or 5+)	itte. Do NOT use n Unemp l	,	_	,	NA			
17. FATHER'S NAME (First, Middle, Last)			Juemp t	rugel		ED'S NAME	(First, Middle, Maiden	Sumame		
	ITCHELL					GNES			GOMES	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING AC	ODRESS (St	reet and Number	or Rural Rout	e Number, City or Town	n, State, Zip Code	06511	
AGNES L. RICHA	ARDSON		207 7	RAN	KT, TN S	T. A	PT. A/N	ew Han		
20e. METHOD OF OISPOSITION 1 07 Burial 2 Cremation 3 Rer 4 Donation 8 Other (Specify)	noval from State	20b. PLAC Bea	ce of oispositi	ON (Name	of cemetery, cremi	ntory or	20c. LO	CATION — City		
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1	,	22. NAN	E ANO ADORES	S OF FACILI	TY	maero	001616.	
Dalla K). Mai	ch							North Ave.	
23. PART I Enter the dieeeses, or ehock, or heart failure MMEDIATE CAUSE (Final disease or condition resulting in death)	a. Smoke	and s	oot inh						Approximata Interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant condition	ons contributing to	death but no	ot resulting in	tha undar	rlying cause g	iven in Par	rt i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES TO NO	
25. WAS CASE REFERRED TO MEDICAL	T				26. PLACE OF DE	EATH (Check	only one)			
EXAMINER? XXXES 2 \(\square\) NO	HOSPITAL:	ER/Outpatient		THER:	Home 5 🗆 Re	sidence XEX	Ther (Specify)	HOUS	SE	
110000										
27. MANNER OF DEATH	1 Netural 5 Pending 2-7-90 1.407M 1 YES *** NO Victim of								fire	
27. MANNER OF DEATH 1 Natural 5 Pending	4 1)	28. PLACE OF INJURY — At home, ferm, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number,								
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	28e. PLACE O	etc. (Specify)		Momicide determined						
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	28e. PLACE O	atc. (Specify)		E		2			reet Baltimon	
27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. PLACE O building,	atc. (Specify) my knowledge,	HOUS	at the time.		end due to	430 St.] the cause(e) end man	Paul St	reet , Baltimor	
27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. PLACE O building, SICIAN: To the best of MER. On the best of a	atc. (Specify) my knowledge,	HOUS	at the time.	ion, death occur	end due to to ded at the time	430 St. I the cause(e) end mai e, date end place, er	Paul St nner se stated. nd due to the cer 29d. DATE SIG		

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH		3. TIME OF DEATH
CHARLES	E_{\bullet} MUF	RAY			MONTH FEBRUAF		990	9:55 p
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	Н	a. BIRTI	HPLACE (State or Foreign
217-09-2406	2013CM 2 □ F 7	O YRS.	ONTHS DAYS	HOURE MIN.	(Month, Day, Ye		Count	
9a. FACILITY NAME (If not institution, give	street and number)	1	b. CITY, TOWN	OR LOCATION OF D			UNTY OF E	
MARYLAND GENE	RAT. HOSPTTAT.		BALTIM	ORE CITY		DAT	mt Mai	OF CIMV
RESIDENCE OF DECEDENT						IBAL	THMO	RE CITY
10a. STATE 10b. COUNT	TY	1	TOWN OR LOCA					10d. INSIDE CITY LIMITS?
MD		BAL	TIMOR	E CITY				COC YES 2 NO
10e. STREET AND NUMBER			10	H. ZIP CODE		111111		WHAT COUNTRY?
2450 McCULLOH	STREET			21217		U	ISA	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1/2 O'E:			CENDENT OF HISPAI			14. RACI Blac	E — American Indian, k, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			S 200 DNO Specif		10-1	Spec	
	<u> </u>							DDACA
15. DECEDENT'S ED (Specify only highest grad	le completed)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use	SUAL OCCUPATI	ON ost of working	16b. KIND C	F BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12) 5th Grade	College (1-4 or 5+)	Wilson			77	7:+	a:	+ MD
17. FATHER'S NAME (First, Middle, Last)		WILSON	Prpe.				. 62	ty, MD.
				The Cartier of the Ca	AME (First, Middle, A		50 7	,
John Murray				Hatti			_	ertson
9e. INFORMANT'S NAME (Type/Print)			V. C. C. C. C.	and Number or Rural			,	
Charles Ri	1/1/							Md. 21
20s. METHOD OF DISPOSITION ***********************************	moval from State	0b. PLACE OF DISPOSIT other place)				De. LOCATION -		
Donation 5 Other (Specify)		Garrison	Fore	st Vet	Cem Di	vings	Mil	ls MD
1. SIGNATURE OF FUNERAL SERVICE L	JCENSEE 0		22. NAME A	ND ADDRESS OF FA	CILITY			
>	- / Ae	-	T.77.6	C Mana	1 E U	7707	To a	NORTH AV
Sequentially list conditions, if any, lacding to immediate cause. Enter UNDERLYING CAUSE (Disease pr Injury that initiated evants	bDUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	ME	TASTATSIS				
PART II. Other eignificant condition	d.	but not resulting in	tha undarlyin	ng cause given in		AS AN AUTOPSY	7 241	b. WERE AUTOPSY FINDIN
						ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. F	PLACE OF DEATH (C)	heck only one)			
EXAMINER?	HOSPITAL:		OTHER:	me 5 🗆 Residence	e C Other (Const	N.		
27. MANNER OF DEATH	28s. DATE OF INJUR	7 28b. TIME	OF 28c, IN	JURY AT	28d. DESCRIBE	··	CCURED	
1 Natural 5 Pending	(Month, Day, Year	INJUI		ORK? YES 2 NQ				
2 Accident Investigation 3 Suicide a Could per by	284 BLACE OF IN HI	RY — At home, farm, str			28f, LOCATION (Street and Numb	er or Rural	Route Number
3 Suicide 8 Could not be 4 Homicide determined	building, atc. (S)	oecify)			City or Town,	State)		
29a. CERTIFIER	200111							
anal	SICIAN: To the best of my known the series of examiner							s) and manner as stated
296. SIGNATURE AND TITLE OF CERTIFIC	25 Des	a, mi		29c. LICENSE NU	MBER	29d. DA	TE SIGNE	(Monte), Day, Year)
30. NAME AND ADDRESS OF PERSON W			/ .	1			/	
BHAJANIAL DAR		c/o MARYL	AND GEN	VERAL HOS	PITAL			
FEB 09 199	O Sula Davide	ENATURA PANDER						

REGISTRAR				CERTIF	ICATE O	F DEATH	REG	. NO.		
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF DEA		MEAB	3. TIME OF DEATH
ROBERT SY	LVESTE	ER MILLER	R, SR.				MONTH 2	7	90 YEAR	7:55 A.M.
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRT	TH her)	0. BIRTH	IPLACE (State or Foreign
219-01-8355		1 🔯 M 2 🗌 F	74	YRS.	MONTHS DAY	HOURS MIN.	8/7/15	D .	Ma	ryland
9a. FACILITY NAME (If not ins	stitution, give str	reet and number)			9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. C	OUNTY OF D	EATH
10810 Reis		wn Road			Ow	ings Mill	.S		Balti	nore
10a, STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
Maryland	Ba1	timore		0	wings M	ills				LIMITS?
10e. STREET AND NUMBER					wingo i	101, ZIP CODE		10g, (CITIZEN OF V	WHAT COUNTRY?
10810 Reist	erstow	m Road				21117			U.S.	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13, WAS (ECENDENT OF HISPA	NIC ORIGIN? (Spec	Ify Yea or No-		
1 Never Married 2 🛣	Merried	FORCES? 1	X YES 2	NO	If yes,	apocify Cuban, Maxico	an, Puarto Rican, e		Black Spec	E — American Indian, k, White, stc.
3 Widowed 4 Divor	rced	WW]				En T [Kito obecu	ıy.		Spile	White
	EDENT'S EDUC		16a.	DECEDENT'S	USUAL OCCUP	TION most of working	16b. KIND (OF BUSINESS/	INDUSTRY	
Elementary/Secondary (0-		College (1-4 or 6	+)	Ille. Do NOT u	work done during se retired.)	most of working				
8th Grade			P	aint	Dept.		Beth	1. Ste	el	
17. FATHER'S " THE (First, Mit						18. MOTHER'S NA	AME (First, Middle, A	Aalden Surname	0)	
Harry Mil	ller					Eliz	zabeth G	ood		
19a. INFORMANT'S NAME (Ty	rpe/Print)			19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City	or Town, State,	Zip Code)	
Robert Mill	er, Jr	•		10810	Reiste	rstown Ro	ad Balt	imore	, Md.	21117
20a. METHOO OF DISPOSITION	ON Romo	uml from State	20b. PLA	CE OF DISPO	SITION (Name of	cemetery, crematory or	2	ec. LOCATION	— City or To	own, State
4 Donation 6 Other		Wat Itom State			ematory	, Inc.		Balti	more,	Maryland
21. SIGNATURE OF FUNERAL	SERVICE LICI	ENSEE /	1,	1		AND ADDRESS OF FA				
* les	esa	XL	PH			ard Funer Wilkens	_		re. Mo	1. 21229
23. PART I. Enter the dis	seases, or co	omplication the	CHUSON the	deeth. Do	not enter the	mode of dying, suc	ch as cardiac or	respiratory	arreat,	Approximata Interval Between
IMMEDIATE CAUSE (Fin										Onsat and Death
disease or condition	+ ,	Con	vestur.	Hec	ut F	ulu				
					,					
Commentally list and dis		Coro	may	Anla	try Di	2020				
Sequentially list condition if any, leading to immed		DUE TO	(OR AS A CON	SEQUENCE C	F):					
Cause. Enter UNDERLYII CAUSE (Disease or injur	NG ry 4 a	RILLA	Sictor	y He	aut 1	achedous to	alle			
that initiated events resulting in death) LAST		DUE TO	(OR AS A CON	SEQUENCE C	F):	1.0	0			
readiting in death) EAS		- Cmc	pic U	nznn	utic Pi	Ochedou F	y Usas	3		
PART II. Other eignificer							Part I. 24a. W	AS AN AUTOP	SY 248	. WERE AUTOPSY FINDINGS
COR PUL							P	ERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
1337)	JUNE		CALAIN	1	'''	YES 2 NO		OF OEATH?
							-			1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL				20	PLACE OF DEATH (C	hook ook oool			
EXAMINER?		HOSPITAL:	1 == to		OTHER:	10				
27. MANNER OF DEATH		1 Inpetient 2		28b, TII		INJURY AT	6 Other (Speci		00041050	
_C	Pending	(Month, E			JURY	WORK?	280. DESCRIBE	HOW INJURY	OCCURED	
2 Accident	nvestigation	00- 84 405 (of the Mark A			YES 2 NO				
	Could not be determined	building,	etc. (Specify)	t nome, mrm,	street, factory, o	TTICE	28f. LOCATION (City or Town	Street and Nun , State)	nber or Hural	Route Number,
29a. CERTIFIER	TENNIO CURS	NAM 7- 6 1								
(Check only						late and place, and du				a) and manner as stated.
Z MEON							- wine, game and ob-	and due t	NAMED OF THE PARTY AND ADDRESS OF	mn menner se etelad
			Mannation and		, ,					
29b. SIGNATURE AND TITLE			A -	1/ -		29c. LICENSE NU	JMBER		DATE SIGNED	(Month, Day, Year)
	OF CERTIFIER	AV	Ma	Le	-		JMBER		DATE SIGNED	

11 E. Chestnut Hill Lane Baltimore, Maryland

32. REGISTRAR'S SIGNATURE

as the burial-transit permit. Pages 1, 2, 3 should ding physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at BALTIMORE, MARYL

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

Manko

FEB 0 9 1990

STATE
REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

7	A DECEMBER OF A LOCAL AND A LOCAL								TIEG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)								2. OATE OF DEATH MONTH DA	NY .	YEAR	3. TIME OF DEATH
	HOWAR	D (CURTIS		MAI	RCUI	VI		Jan. 28			7:35 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthdey)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHI	PLACE (State or Foreign
	224-03-4195	1 M 2 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Morth, Day, Ypar)	7.0	Country	y)
			79	Tho.					7/15/19	TO	Vl	rginia
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. COU	NTY OF DE	HTA
E I	Francis Scott	Key Ho	enital		Baltimore -						-	
DIRECTOR	RESIDENCE OF DECEDENT	1107 110	Spr vale				لد لا يا ياد	TOT				
E	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCA	TION				T	10d. INSIDE CITY
£ 1	Maryland	Harfor	a			т.	~ ~~~ ~	++~	ville		- 1	LIMITS?
9		Hallui	u.			-			ATTTE			1 YES 2 NO
A	10a. STREET AND NUMBER					10	f. ZIP COD	E		10g. CIT	IZEN DF W	HAT COUNTRY?
FUNERAL	4037 Fede	ral Hi	ll Road				- 2	108	4		U.	S.A.
3	11, MARITAL STATUS		NT EVER IN U.S. AR		13.	WAS DEC			IC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian.
	1 Never Married 2 Married		YES 2 N	0					n, Puerto Rican, etc.)			, White, etc.
ВУ	3 Widowed 4 Divorced	World	MAR OR DATES			1 L YES	2 NO	Specify			Specif	White
- 1	15. DECEDENT'S EDUC	_	1									wille
2	(Specify only highest grade		(Gi	CEDENT'S ve kind of v	vork done	during me		ng	166. KIND OF BUS	SINESS/IND	JUSTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us	e retired.)							
<u>a</u>	7	-		Pli	umbe	er			Plu	mbir	1.0"	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	_		18. MOTHER'S NAME (First, Middle, Maiden Surname)								
	William He	nderson	No.20	Marcum Buna Vista M						7.7-2		
BE	19a. INFORMANT'S NAME (Type/Print)	11061.201	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							nor		
2												
-	Lynn D. Marcum		P	.0.	Box	k 14	43	Ja	rrettsvi	lle,	Md	. 21084
- 1	200 METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem		20b. PLACE	OF DISPOS	SITION (N	ame of ce	metery, crei	matory or	20c. LO	CATION -	City or Tov	wn, State
- 1	4 Donation 5 Other (Specify)	Highview Mem. Gardens Fallstor							con	Manueland		
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE / /	22. NAME AND ADDRESS OF FACILITY							OIL	Maryrand	
	. m 11/11	11/	N						eral Hom	0		
	- / IL Allachelo	n Kurl	6-11						ille, Ma	_	bac	21084
	23. PART I. Enter the diseases, or o	omplications th	caused the de	ath. Do r	not anta							Approximata
	23. PART I. Enter the diseases, or cahock, or heart failure.											interval Between
	IMMEDIATE CAUSE (Final	114			As.	TT A		A				Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Or ARTERY DISEASE											
		DUETO	(OF AS A CONSEC	UNIVEE O	F):							
7		Ħ	ASCN	P								
CERTIFICATION	Sequentially flat conditions,	DUE TO	OR AS A CONSEC	UENCE OF	F):							
A	if any, leading to immediate cause. Enter UNDERLYING											
유미	CAUSE (Disease or injury	C. DHE TO	OR AS A CONSEC	LIENCE OF	FI:	-						
Ē	that initiated events resulting in death) LAST	,	(0117101101101101101101101101101101101101		, ,.							
8 1		d										
	PART ii. Other significant condition		double book made	- 101		- 4 - 4 - 4			5 I		1	
A	BIABRA		dagen out not r	esuiting	in tha u	noariyir	g cause	given in	Part I. 24s. WAS AN PERFOR		246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
S I	BILABIE	125	MELL	10,	>				1 _ YES 2	TO NO		COMPLETION OF CAUSE OF DEATH?
			/									1 YES 2 NO
2												
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		_				1 405 35	PATH -				
ᅙ	EXAMINER?	HOSPITAL:			OTHE		LACE DF 1	PEATH (Ch	eck only one)			
S	1 TES 2 NO	1 - Inpatient 2	☐ ER/Outpatient 3	□ DOA			ne 5□R	asidence	8 Other (Specify)			
Ŧ	27. MANNER DF DEATH	28a. DATE O	F INJURY Day, Year)	26b. TIM	E DF		JURY AT ORK?		28d. DESCRIBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pending	(,,,,,,,,,			M		YES 2	ND ND				
B	a California	OF INJURY — At ho	me, ferm, :	atreet, fac	tory, offi	ca		26f. LOCATION (Street	and Numbe	or Rural R	Route Number,	
	4 Homicide 6 Could not be	, atc. (Specify)						City or Town, State)				
Щ												
집		of my knowledge, de	ath occurr	ed at the	time, dat	and plac	, and dua	to the cause(a) and ma	nner aa ste	rted.		
COMPLETED	one) I MEDICAL EXAMINE	examination and/or	investigation	on, In my	opinion,	death occu	red at the	time, data and place, ar	nd due to t	he cause(s) and manner as stated.	
III 205 SIGNATURE AND TITLATOR OF STREET							T 00- 146	ENGE MU	4050	I and Day		44-4-5-14-1
BE	1 1 2 11 (0)	1				SAPLIC	ENSE NUI	al 2 2 C	296. DAT	SIGNED	(Month, Day, Year)	
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F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	SE OF BEATH OTH	1 27) (Type	, Print)				1.	2 10	-	
1	Usian MED	CAL	RENT	2/1	, /	100	N 81)~	0170 , MD .	112	OF	
	31. DATE FILEO (Month, Day, Year)	32. REGISTR	AR'S FIGNATURE	Thomas								
	31. DATE FILEO (Month, Day, Year) FEB 0 9 19	190 Au	callandooru	Marko								
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input for outercomy programm. hospital or attending physician. nours after death. Page 6 may be m TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Catherine M. (
31. DATE FLEB - 0 0 1990

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D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 🧰		MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be mattill
y the	THOVAL	ea
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npletely	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MAR		DEPARTMEN RTIFICAT			MENTAL HYGIE REG. N		90 03067		
	1. DECEDENT'S NAME (First, Middle, Last) CHRISTOPHER	William MAN	NING				2. DATE OF DEATH FEBRUARY		90 7:36p M		
	- 1 -	X M 2 □ F	GE (In yrs. last 4	YRS. MONTH		HOURS MIN.		03/26/1985 Mary			
TOR	THE JOHNS HOPKINS					ORE CITY		IMORE			
DIREC	Maryland Washing	gton		Hancoc		ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL DIRECTOR		Box 403				21750		USA	EN OF WHAT COUNTRY?		
BY FU	11. MARITAL STATUS 1 1 (∑ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	2. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 XNO		Il yes, spe	ENDENT OF NISPAI ecify Cubsn, Mexica 2 XNO Specifi	NIC ORIGIN? (Specify Y in, Puerto Rican, etc.) y:	'es or No 1	14. RACE — American Indian, Black, Whits, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCAL (Specify only highest grade co	TION mpleted) College (1-4 or 5+)	(Glv	EDENT'S USUAL e kind of work dor Do NOT use retired	ne during mo	IN st of working	16b. KIND OF B	USINESS/INDU	STRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) David E. Manning		16. MOTNER'S NAME (First, Middle, Melden Surna: Sherry1 Gordon								
10	David E. Manning		Ca	sper Ro	l. P.(D. Box 40	Route Number, City or R 03 Hancocl	k, Md.	21750		
	20s, METHOD OF DISPOSITION 1 IX Buriel 2 Cremation 3 Remove 4 Donation 6 Other (Specify) 21, SIGNATURE OF PINERAL SERVICE LOCATION		St.Pet	ers Cat	tholi	c Cemetery or	ry Hai	ncock,	Md. 21750		
	21. SIGNATURE OF TWEENER SERVICE CO.	00	no-			.Main St	Grove reet Hand		al Home Md. 21750		
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heert feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Huger to phic Cardio muopathy DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	MITTAL DUE TO (OR A	VA VE		515				Byrs.		
ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEC	UENCE OF):							
MEDICAL	PART II. Other significant conditions	contributing to deat	th but not re	suiting in the	underlyin	g cause given in		ORMED?	24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:		109PITAL:	Outpatient 3	DOA 4 D	ER:	ACE OF DEATH (C)	neck only one) 6 Other (Specify)				
ву РНУ	27. MANNER OF DEATH 1 Wetural 5 Pending 2 Accident Investigation	26e. DATE OF INJU (Month, Day, Ye		26b. TIME OF INJURY	28c. INJ WO		28d. DESCRIBE HOV	V INJURY OCC	URED		
	3 Sulcide 6 Could not be determined	28e. PLACE OF INJ building, etc. (URY — At hor Specify)	ne, farm, street, 1	actory, offic	•	261. LOCATION (Stree City or Town, Sta		or Rural Route Number,		
COMPLETED	anel and	AN: To the best of my k							ed. e cause(e) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Your) D 32.059 02-/03/90											

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
BOOLCE III 2717 GUILF
32. REGISTRAR'S SIGNATURE
Of Like Davidson-Randam

Guilford

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Balto MD

21218

DHMH-16 Rsv 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH ANI	D MENTAL	HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) LLNAL M.	Uer			2. DATE MONTH	OF DEATH DAY	95	3. TIME OF DEATH					
		. /	yrs. last birthday) F 1	NDER 1 YEAR IF UNDER 24 HR THS DAYS HOURS MIN		of BIRTH 1, Day, Year) .6/23	Countr	PLACE (State or Foreign)) Ith Caroli					
OR	96. FACILITY NAME (If not institution, give street St. Agnes Hospi RESIDENCE OF DECEDENT		96.	city, town of Location of Baltim		9c. C	OUNTY OF D	EATH					
DIRECTOR	10a, STATE 10b, COUNTY Md .			wn on Location Baltimore			10d. INSIDE CITY LIMITS? 1 M YES 2 □ NO						
FUNERAL	3501 W. Lexing	ton Street		101. ZIP CODE 2122	9	10g. (CITIZEN OF V	WHAT COUNTRY?					
ВУ		. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	I.S. ARMED 2. 12 NO	13. WAS DECENDENT OF HIS If yes, specify Cubsn, Ms 1 YES 2 1 NO Sp	xican, Pusrto F		Speci	- American Indian, c, Whits, etc. by: Black					
LETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	ON 1! p(eted) 1: ollege (1-4 or 5 +)	Iffe. Do NOT use ret	fone during most of working red.)	16b	KIND OF BUSINESS	INDUSTRY						
COMPL	17. FATHER'S NAME (First, Middle, Last) William Bo	mar				Retire	0)						
TO BE	190. INFORMANT'S NAME (Type/Print) Frances Mille		Contractor and	RESS (Street and Number or Ru	ıral Route Numi		Zip Code)	Md 2122					
	Frances Miller 2410 W. Lexington Street Ralto 20s. METHOD OF DISPOSITION 1 Burles 2 Cremation 3 Removal from State 4 Donostion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Arbutus Memorial Park Arbutus												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 F. I. Phillips Funeral Home N. Monroe 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	shock, or heart failurs. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due to (or as a consequence of): Due to (or as a consequence of): d.												
MEDICAL C	PART II. Other significant conditions of	SY 24b	MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		28. PLACE OF DEATH	Check only or	10)							
	1 YES 2 NO 1 27. MANNER OF DEATH 1 Naturel 5 Pending	25a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Resides 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DE	(Specify) SCRIBE HOW INJURY	OCCURED						
	2 Accident Investigation 3 Suicide 6 Could not be datarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)												
COMPLE	ana)			the time, date and piece, and my opinion, death occured at				s) and manner as stated.					
TO BE COMPLE	29b SIGNATURE AND TITLE OF CERTIFIER	M.D.		29c. LICENSE	NUMBER A SM	e S 29d.	PATE SIGNED	(Month, Day, Year) 5/90					
-	30. NAME AND ADDRESS OF PERSON WHO C	osputal,	900 C	etan Ave.	Ba	1this	re,	MD 2122					
	FEB 08 1990	320 REGISTRAR'S SIGNAT	-Mandelle										

uge 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within furs after their properties. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical arrangement

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

•	1 - STATE REGISTRAR	SIAIE UF I	VIANTLAND /	ERTIF	ICATE	OF	DEATH	MENIAL	REG. NO.	Ė			
i	1. DECEDENT'S NAME (First, Middle, Last)					-			OF DEATH			3. TIME OF DEATH	
,	Earl		MA	INLE	Y			Febr	uary		1990	07:30a	
-	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER 1	-	IF UNDER 24 HRS.	7. DATE	OF BIRTH	01,	8. BIRTHP	LACE (State or Foreign	
i	705-05-3138	1 📉 M 2 🗌 F	87	YRS.	MONTHS	DAYS	HOURS MIN.		Dey: Year)	2	Country)	Md.	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	OWN O	R LOCATION OF DE				INTY OF DE		
۳ ا	Franklin Square	Hosp.							I	Balt	imor	e Co.	
5	RESIDENCE OF DECEDENT												
	10a. STATE 10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION								10d, INSIDE CITY LIMITS?	
ā	Md.				Bal	to.						YES 2 NO	
Y	10e. STREET AND NUMBER					101.	ZIP CODE			AT COUNTRY?			
#	3101 Northway D:	r.					21234				US	SA	
FUNERAL DIRECTOR	11. MARITAL STATUS		T EVER IN U.S. AR				ENDENT OF HISPAN			or No-	14. RACE	- American Indian, White, etc.	
BY	1 Never Married 2 Married 3 XWidowed 4 Divorced	MAR OR DATES									White		
										<u> </u>			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	(G	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				16b.	KIND OF BUS	SINESS/IN	DUSTRY			
ا ك	Elementary/Secondary (0-12)	+)		,									
È				Audit	tor				B&O I				
3	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, A	Aiddle, Maiden	Sumame)			
H H	George B. Mainle	<u> </u>					Annie V						
2	19a. INFORMANT'S NAME (Type/Print)		190		·		nd Number or Rural i						
	Richard E. Mainle	≥y Sr.					ay Dr. I						
N	20a. METHOD OF DISPOSITION 1XXBuriel 2 Cremetion 3 Ren	noval from State	other pla	20b. PLACE OF DISPOSITION (Name of cametery, cramatory or other place)					20c. LOCATION — City or Tow				
A	4 Donation 5 Other (Specify)	_ Lot	Loudon Park Cem.						Balt	to., 1	1d.		
4	21. SIONATURE OF FUNERAL SERVICE LI	CENSEE	0				C. Mille		C				
V	W X	10	1.2				Belair F			Mal	2120	16	
	23. PART I. Enter the diseases, or	complications the	t caused the de	ath. Do								Approximete	
-	ahock, or heart feildre. IMMEDIATE CAUSE (Final	List only one ce	dee on each line	9.								Interval Between	
ı	disease or condition Pneumonia												
ŀ	resulting in death) Pneumonia Due to (or as a consequence of):												
_	Prostate Cancer with Bone Metastasis												
0	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE C)F):		one me	Last	asis				
PHYSICIAN: MEDICAL CERTIFICATION	cause. Enter UNDERLYING	6											
	CAUSE (Diseese or Injury thet initiated events	DUE TO	OR AS A CONSE	OUENCE C	DF):								
	reaulting in death) LAST	d.											
5	04.000 11.004			1.1									
<u> </u>	PART II. Other aignificant condition	na contributing to	deeth but not i	reaulting	in the und	erlying	g cause given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ĕ								—	1 TES 2	NO X		COMPLETION OF CAUSE OF DEATH?	
E I					_							1 YES 2 NO	
ž	1												
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			-		ACE OF OEATH (Ch	eck only on	10)				
5	1 TES 2 X NO		☐ ER/Outpetlant 3	□ DOA	OTHER:		e 5 🗆 Residence	6 🗆 Othe	r (Specify)				
ξI	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Year)	28b. TII	WE OF 2	8c. INJ	URY AT	28d. DES	CRIBE HOW I	NJURY O	CCURED		
BY	1 Netural 5 Pending 2 Accident Investigation	1	,,,,,,		M		rES 2 NO						
	3 Suicide 6 Could not be	OF INJURY — At he	ome, farm,	atreet, factor	y, office			ATION (Street or Town, State)		er or Rural Ro	oute Number,		
Ш	4 Homicide determined	,,(),					0	or iowii, dialoy					
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	BICIAN: To the best of	if my knowledge, de	eth occur	red at the tim	o, data	and place, and due	to the cau	use(a) and mai	nner as st	eted.		
	one) 2 MEDICAL EXAMIN	era era era era era era era era era era										and manner as stated.	
	291 SIGNATURE AND TITLE OF CERTIFIE												
出	Stantin A V	MOMANA	m.				29c. LICENSE NUI	MOEN		ZWG, DA	2 -	Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMBI EXEC CO	ISE OF DEATH #==	H 270 27	Delant.						0 -	1-10	
		D 9000	Frankl	in S	Squar	e I	rive.	Balt	imore	e. N	aryl	and 2123	
	"FEB" (19 1990) 4	Was Devide	AR'S SIGNATURE										
10	1000	- Andrew College											

the hospital or attending physician.

detached for use as the burial-transit permit. Pages 1. 2, 3 should

once.

FOR STATE REGISTRAR

EALTIMORE, MARYLAND 21203-3146 ours after death. Page 6 mg DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after that. The TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the humani director be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar man

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE O	F OEATH	AY	YEAR	3. TIME	OF DEA	III-
	ELMED	4	MOON	Sr.						2			90	11	40	PM
	4. SOCIAL SECURITY NUMBER 216-10-1238		5. SEX	6. AGE (In yrs	lest birthday)	IF UNDER 1 Y		IF UNDER 24	HRS.	7. DATE O	Day, Yout	16	Count	PLACE (
	9s. FACILITY NAME (If not ins	stitution, give s	street end number)			9b. CITY, T	OWN OR	LOCATION	OF DEA		7	9c. COU	NTY OF D			
DIRECTOR	Mercy Hos					Ва	lti	more	,Md.							
EC	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATIO	N					10d, INSIDE CITY			γ
급	Md.						Balt	timo	re						ES 2	NO
AL	10e. STREET AND NUMBER						10f. Z	IP CODE				10g. CIT	IZEN OF V	WHAT CO	UNTRY?	
E	5508 Pilgrim	Road						2:	1214			Į	J.S.A	A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divor		IF YES, GIVE	IT EVER IN U.S. XYES 2 MAR OR DATES	NO	If y	es, speci		Mexicen,	C ORIGIN? , Puerto Ri		e or No-	14. RACE Black Spec	k , White, <i>lly:</i>	etc.	
			I WWII			1								W	hite	7
ETED	(Specify only	highest grade	e completed)		(Give kind of	Work done dur se retired.)	ing most	of working		16b. I	UND OF BL	ISINESS/IN	OUSTRY			
MPLE	5th Grade F					eventi				Ame	rican	Suga	ar RI	Efin	ery	
00									Ruth	NE (First, Mi	ddle, Maide					
O BE	19e. INFORMANT'S NAME (Ty			AOORESS (S												
2	Ruth V. Moo	5508 Pilgrim Road						alto								
	20s. METHOD OF DISPOSITION 1 2 Burlet 2 Cremetted 4 Donation 5 Other	20b. PLA	ACE OF OISPOSITION (Name of commeters, crematory or her place) Woodlawn Cemetery					20c. LOCATION — City or Town, State Baltimore					i.			
	21. SIGNATURE OF FUNERAL	L SERVICE LA	CENSEE	22. NAME AND AODRESS OF FACILITY					6415 BElair Road							
	Kac	the	つか か	wys	Ly					, In	c.	Balto	o. Mo			
	23. PART I. Entar the dis shock, or he	seases, or	complications the	at caused the	death. Do	not anter th	a mode	of dyln	g, auch	as cardi	or resp	olratory ar	reat,		pproxin	mata Between
	IMMEDIATE CAUSE (Fine) Onset and Death															
	disease or condition												h^			
	disease or condition - a. MASSIVE MYO CARDIAL INTARCITION 1/6 - DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. S. SEVERE OCCLUSIVE VASCUAR DISASE YEARS													25		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate BEVELL OCCLUSIVE VASCUVACE VISCOSE VENCE) DUE TO (OR AS A CONSEQUENCE OF):															
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	cause. Enter UNDERLYII CAUSE (Disease or Injur	NG	C													
Ē	that initiated events		DUE TO	(OR AS A CON	SEQUENCE O	F):										
8	resulting in death) LAST	' L	d													
	PART II. Other significan	nt conditio	ns contributing to	deeth but n	ot resulting	In the unde	rlying	cause gl	ven in F	Part I.		N AUTOPSY	248			FINDINGS
EDICAL											PERFO	RMED?		COMPL	BLE PRIOR	
MED														OF DEA	ES 2 N	àNO
										_					1	
SICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL					26. PLA	CE OF DE	ATH (Chec	ck only one						
SIC	1 TYES 2 NO W	ALVA	HOSPITAL:	☐ ER/Outpatier	t 3 DOA	OTHER:	g Home	5 🗆 Resi	Idence 6	6 🗆 Other	(Spectfy)					
РНУ		Pending	28a. DATE Of (Month, i	F INJURY Day, Year)	28b. TIR	JURY M	Re, INJUF WORK	RY AT K?		28d, OE\$0	RIBE NOW	INJURY OC	CURED			
ВУ		investigation Could not be	26a. PLACE	OF INJURY — A	t home, ferm,	street, factor			+	28f, LOCA	FION (Street	end Numbe	or Aural	Route Nu	mber.	
ETED	4 Homicide	, atc. (Specify)						City o	Town, State)						
COMPLE	and and		ER: On the basis of											e) and m	anner as	stated.
ш	29 ENDHATURE AND TITLE	OF CERTIFIE	011				1	29c. LICEN	SE NUM	BER		29d, DA	TE SIGNE	(Month,	Day, Year	7)
TO B	30. NAME AND ADDRESS OF	PERSON W	HO COMPLETED CAL	SE OF DEATH	11 (TEM 27) (Typ)	e, Print)			-	/			2/(0 0	10	
	MERCY	IA	65 PATAL	_ ,	SAY		6	me	2	Doi	CIA	G	EEH	AN		
	FEB 0 9 19		32. REGISTR	AR'S SIGNATUR	٤											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

(BALTIMONE, MARYLAND 21203-3146	n 24 Just after death. Page 6 Just 10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director as a standard for use as the burial-transit permit. Pages 1, 2, 3 should be seen after death with the State Pent of Health and Mental Hydien prior to burial cremation, or removal.	the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 mm in managery by the law requires that the death certificate be executed within 2-mours after death. Page 6 mm in managery by the law requires that the law requires that the death certificate be executed within 2-mours after death. Page 6 mm in managery by the law requires that the death certificate be executed within 2-mours after death. Page 6 mm in managery by the law requires that the law requires the law requ	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the type author of the completely filled in by the type author of the completely filled in by the type author of the complete of the co	

	1 - STATE REGISTRAR	STATE OF M	ARYLAND /				EALTH		IENTAI	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		- 01		IOAIL		DEAI	''	2. DATE	OF DEATH	- · -·		3. TIME OF DEATH
			New	11م					MONTH		4	90	Unknown M
iè	Eric G. 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTN	-т		IPLACE (State or Foreign
- 8	579-78-7738	1 🕅 M 2 🗆 F	29	YRS.	MONTHS	DAYS	HOURS	MIN.		n, Day, Year)	- 1	Count	ry)
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b, CITY	. TOWN O	R LOCATIO			25/60	9c. COUN	ITY OF D	DC BEATH
œ	Rt. 495 1/2 mi.	· ·	650	New Carrollto									George's
유	RESIDENCE OF DECEDENT	D. OI Re.	050	Thew carrottee									
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
□	Md	PG			New		ollt						1 YES 2 NO
. AL	10e. STREET AND NUMBER					101	ZIP COOE				10g. CITIZ	ZEN OF V	WHAT COUNTRY?
FUNERAL	7745 Riverdale R						207					SA	
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2 XX	MED IO		If yes, sp	ecify Cube	n, Mexicen	, Puerto I	l? (Specify Yee Rican, etc.)	or No-	14. RACI	E — American Indien, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	R OR DATES	-		1 TYES	2 XXVO	Specify:	•			Spec	^{#y:} Black
	15. DECEDENT'S EDU	CATION	18a. DE	CEDENT'S	USUAL O	CCUPATIO	DN .	_	16b	KIND OF BUS	INESS/IND	USTRY	
ET	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	166	ve kind of Do NOT u	work done se retired.)	during mo	st of worldn	g					
립	12 th Grade	None		Mech	anic				1				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	NER'S NAM	AE (First, I	Middle, Meiden	Sumeme)		
BE (Maceo Newell						Ma	rgare	et R	ogers			
10 8	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRES	S (Street a	nd Number	or Rural R	loute Numi	ber, City or Town	n, State, Zip	Code)	
-	Jacqueling Newel						b.c.		₹.				
	20s. METHOD OF DISPOSITION XXBuriel 2 Cremetion 3 Rem	noval from State	20b. PLACE other pie Ft L:	OF DISPO	SITION (N	ame of cer	netery, cren	natory or		20c. LO	CATION —	City or To	own, State
	4 Donetion 5 Other (Specify)	OFNOFF	Ft L	ınco			D ADDRES	00 OF F10	bu res	Br	entwo	l, bor	Md
	D. D. + D	2 .								John T		nes	Со
	KOWY LIPE	m		<u> </u>		3015	12tl	n St	NE,	DC 200	17		
	23. PART I. Enter the diseases, Dr ahock, or heart failure.				not ente	r the mo	de of dyl	ing, such	ss cere	disc or respi	ratory srr	est,	Approximats interval Between
	IMMEDIATE CAUSE (Final												Onset and Death
	disease or condition resulting in death)	a. Multip	ole Inju	ries			_						
		DOE 10	OR AS A CONSEC	DUENCE C	PF):								
CERTIFICATION	Sequentially list conditions,	b DUE TO	OR AS A CONSEC	DUENCE C	F):	-							-
Ă	if sny, leading to immediate cause. Enter UNDERLYING												
F	CAUSE (Disease or injury that initiated eventa	OUE TO	OR AS A CONSEC	DUENCE C	F):								
F	resulting in desth) LAST	d		_									
	PART II. Other significant conditio	ns contributing to	death but not r	esuitina	in the u	nderlyin	n cause (niven in i	Part I.	24a. WAS AN	AUTOPSY	24	b, WERE AUTOPSY FINDINGS
SA.										PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDI									_	NES 2	□ NO		DF DEATN?
2												-	TY YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF 0	EATN (Che	eck only o	ne)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		10 5 🗆 Re	esidence	s 🔀 Othi	er (Specify)	Scer	ne	
PHYSICIAN:	27. MANNER OF OEATN	28e. DATE OF	INJURY	28b. TH		28c. IN.	JURY AT		28d. DE	SCRIBE HOW I	NJURY OC	CURED	-: 7 7 .
ву Р	1 Natural 5 Pending	(Month, D		Unl			YES 2	NO	Dr in	npact (n au auto	to/1	fixed object
	3 Suicide s Could not be	28e. PLACE O building.	F INJURY — At ho atc. (Specify)	ome, ferm,	street, fee	tory, offic				CATION (Street of Town, State)	nd Number	or Rural	Route Number,
TED	4 Nomicide datermined	1,000	ran of	f ro	adwa		1		E. c	of Rt.	650.	Nev	V Carrollton
COMPLET	ZSAL CERTIFIED CERTIFYING PHYS	SICIAN: To the best of	my knowledga, de	ath occur	red at the	time, date	end place	, end due	to the ca	use(s) and mer	nner as atal	led. P.	G. Co., MD
NO.	ment / 1	ER: On the basis of e	caminetion end/or	Investigat	ion, in my	opinion, d	deeth occu	red at the	time, date	end place, en	d due to th	ne cause((s) end manner ee stated.
ÜШ	29L SIGNATURE AND TOTAL OF SERTIFIE	IR .					29c. LIC	ENSE NUM	ABER		29d. DAT	E SIGNE	D (Month, Day, Year)
00	1 you	n						OCM	E		•	2-3-	-90
유	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Typ	e, Print)						-		
	James Kaplan, N				l Per	ın St	reet	, Ba	ltim	ore, M	ID 21	201	vl
	31 FEB 09 1990	32 BEGISTRA	R'S SIGNATURE										

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	REGISTRAR			CI	ERTIFIC	ATE O	F DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle LO		Jean		Nayloı	•		2. DATE OF DEATH MONTH Feb. 6	MY 1	990	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218-70-7873		M 2 XF	. AGE (In yrs. Ins	YRS.	DAY:	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 9 1		Ma	ryland	
20	99. FACILITY NAME (If not institution 723 Monkton RESIDENCE OF DECEDE	Road	nd number)		9		kton	EATH		Baltimore		
DINECTOR		COUNTY Baltin	nore			rown on Lo Monkt			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
LONEHAL	10e. STREET AND NUMBER 723 Monkto	n Roa	d				101. ZIP CODE	21111	1,50	_	HAT COUNTRY?	
DI LONG	11. MARITAL STATUS 1 Never Merried 2 Merrie 3 XWidowed 4 Divorced	EVER IN U.S. AF YES 2 2 1 OR DATES	S 2 NO If yes, specify Cubert, Me			ISPANIC ORIGIN? (Specify Yea or No—lexican, Puerto Rican, etc.)			14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDEN (Specify only higher Elementary/Secondary (0-12)			(G	. Do NOT use i	k done durina	TION most of working	16b. KIND OF BUSINESS/IND				
	17. FATHER'S NAME (First, Middle,	Lact			11003	Sewiie	44 4407145010 414	ME (First, Middle, Maider		19		
	Lewis Baldwin		91/					Jeanette .	,	nc		
2	19a, INFORMANT'S NAME (Type/Pr		СУ	10	- MAILING A	DDBERR /Pt-		Route Number, City or Tox				
2	Caryl L. Na			1				onkton, N		,		
	20a METHOD OF DISPOSITION 1 Surial 2 Cremetion 3	☐ Removal fo	rom Stete	20b. PLACE	OF DISPOSIT	ION (Name of	cemetery, crematory or	20c. L0	OCATION -	City or Tow		
	4 Donation 8 Other (Spec		22	Dui	aney		AND ADDRESS OF FA	Ga rdens	1 I I I	oniur	n, Ma.	
	PUNCHAL SER		artin D	. Law	son	Lem	mon-Mitch	nell-Wiedef		ium	Md. 21093	
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b	DIABETZ DUE TO (O		OUENCE OF):			ARDIO VASCU	LAR	DISEA	Onset and Deeth 10+ YRS	
4	PART II, Other significant co	onditions cor	ntributing to de	eeth but not	resulting in	the underly	ing cause given in		N AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
S C C C C C C C C C C C C C C C C C C C	NEPHRODE SY							1 YES			COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO	
٤	CONGESTIVE	HEAR	T FAIL	URE			,					
5	25. WAS CASE REFERRED TO MEI EXAMINER?		COUTAL		1		PLACE OF DEATH (C)	neck only one)				
2	1 TYES 2 THO		SPITAL: Inputient 2 - E	R/Outpetient	DOA 4	OTHER: ☐ Nursing i	ome 5 Residence	8 C Other (Specify)				
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 8 Pendi 2 Accident Invest	ing tigation	28a. DATE OF IN (Month, Day, N/A	IJURY Year)	28b. TIME	TY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OC	CURED		
	3 Suicide 8 Could 4 Homicide determ	not be	28e. PLACE OF I building, et	INJURY — At he c. (Specify)	ome, ferm, str	eet, factory, c	ffice	281. LOCATION (Street City or Town, State		or Aural Ad	oute Number,	
COMPLEIED	CONDON ONLY							to the cause(e) end me			end menner as stated.	
O BE	29b. SIGNATURE AND TITLE OF C	. 3	Enla-	MI)		29c. LICENSE NU D179		29d. DAT	E SIGNED	(Month, Day, Year)	
	Roland Einho					14	Road. Lu	therville,	Md.			
	31. DAFEB 09 199		32. BRGISTRAR			9_	, =0			-		
_												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ould be detached for use as the burial-transit permit. Pages 1, 2, 3 should ned by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 urs after death. Page IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. PTO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

fled at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	TEGISTIAN				OMIL C	1 10 10 7		116	G. NO.				
	1. OECEOENT'S NAME (First, Micdie, Leat) Betty L. Petzold 2. Date of Death Month Day Year Feb. 8 1990										TIME OF DEATH		
					hirthday) IF UNDER 1 YEAR IF UNDER 24			2 DATE OF BURTH			DIOTIUS:	AOF (On-to F/	
	213-20-3022 1 □ M 2 🖾 F		6. AGE (In yrs. lest birthday) 64 yrs.		MONTHS DAYS HOUR		7	Sept. 29,19		925	925 a. BIRTHPLACE (State or Foreign Country) PA		
	9e. FACILITY NAME (If not institution, give s				9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH			
Œ I	613 Norris Lane				Essex					Baltimore			
띩	RESIDENCE OF DECEDENT												
M	10a. STATE 10b. COUNT	10c. CITY	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY				
. DIRECTOR	Md. Baltimore			Essex				_				LIMITS?	
FUNERAL	100. STREET AND NUMBER 613 Norris LAne				101. ZIP CODE 21.22						USA	T COUNTRY?	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR							NIC ORIGIN? (Sp				American Indian,	
II.	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			If yes, specify Cuben, Maxica 1 ☐ YES 2 ☑NO Specify					,			Mile, atc.	
B⊀	3 Wildowed 4 Divorced				TES 2 Que specify.						Specify:	White	
	15, DECEDENT'S EDU	CEDENT'S	IT'S USUAL OCCUPATION 16b, KIND OF					BUSINESS/INDUSTRY					
뿌ㅣ	(Specify only highest grade completed) (Gi				ive kind of work done during most of working Do NOT use retired.)				OF BUSHIN	COSTINUO	JINI		
۳ ا	Elementary/Secondary (0-12) College (1-4 or 5+)				Clerk								
를					CICIN								
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAME (First, Mic								
	Francis Chrisman				Dora ===								
BE	19a, INFORMANT'S NAME (Type/Print)	ADDRESS /SH	net and Numi	nor or Rumi	Route Number Ci	tv or Trum	State 7in f	Code)					
2	1996. INFORMANT'S NAME (Type/Print) Sandra Andrejak 1996. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) 745 Shore Drive Joppa Maryland 2.									210	85		
)	1 A Burial 2 Cremation 3 Removal from State				of DISPOSITION (Name of cometery, cremetory or				20c. LOCATION — City or Town, State ROSSVIlle MAryland				
Ģ.	4 Uponeiton 5 Uttner (specify)										4		
	21. SIGNATURE OF FUNERAL SERVICE LI		22. NAME AND ADDRESS OF FACILITY										
	Connelly Funcial Home Connelly Funerel Home 300MaceAve. 21221										e. 21221		
-													
	23. PART I. Enter the diseases, or/complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate Interval Between												
	IMMEDIATE CAUSE (Finel												
	disease or condition - MORCASALO MANAGEM												
CERTIFICATION	disease or condition a. MGC C and C unfaction a. but TO (OR AS A CONSEQUENCE OF):												
	Sequentially list conditions, Due to (or as a consequence of):												
E	if any, leading to immediate cause. Enter UNDERLYING										i		
2	CAUSE (Disease or Injury									1			
<u>H</u>	thet initiated events DUE TO (OR AS A CONSEQUENCE OF):										1		
	reaulting in death) LAST	d.											
2													
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?										ERE AUTOPSY FINDINGS MILABLE PRIOR TO		
MEDICAL							1 YES 2 NO			OMPLETION OF CAUSE			
유									1	F DEATH?			
	1 TYES 2 NO												
PHYSICIAN:													
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITA				6. PLACE OF	OEATH (C	heck only one)					
	1 Tes 2 No	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	Home 5 🗌	Residence	a Other (Spe	ectly)				
<u>}</u>	27. MANNER OF CEATH									E HOW INJURY OCCURED			
	1 Natural 5 Pending (Month, Day, Year)				URY	WORK?	RK?						
Β¥	2 Accident Investigation				M 1 YES 2 NO								
ED	3 Suicide a Could not be 28e. PLACE OF INJURY — At home, farm, building, atc. (Specify)					street, fectory, office 28			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
1	4 Homicide determined		mer dans."										
Ш	29e. CERTIFIER									12.5		-	
AP.	(Check only	ICIAN: To the best o											
COMPLET	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner a											nd manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU			MBER 29d. OATE S			SIGNEO (N	SIGNEO (Month, Day, Year)	
BE	[MAIDING					1	Olate.			19.90			
2			1018598					17770					
	30. NAME AND AODRESS OF PERSON WI	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	31. OATE FILED (Month, Day, Year)	32, REGISTR	AR'S SIGNATURE	u									
	FFR (10199)	Julia Nounda	-A Brancha &	2.									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be received.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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980	JUNE	vithir	ANI
포	出	A pa	ORT
6	TO	36 m	M
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1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH
BERNICE	S. PA	RKER			MONTH 2	DAY	YEAR	
4. SOCIAL SECURITY NUMBER	- 1		-	UNDER 24 HRS.	7. DATE OF (Month, D			THPLACE (State or Foreign intry)
579-20-4298	1 - M 2 - F	9 YRS. MON	THE DAYS H	OURS MIN.		/	20	MD
9a. FACILITY NAME (If not institution, give		9b.	CITY, TOWN OR I	OCATION OF DE	ATH		9c. COUNTY OF	DEATH
Bon Secour Hosp	0.		Balto.					
10a. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCATION	1				10d. INSIDE CITY
Md.	Ва	alto.					1 X YES 2 NO	
10e. STREET AND NUMBER			10f. ZI	P CODE				F WHAT COUNTRY?
601 Wyanoke Aver				21218			USA	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 NO		y Cuban, Mexica	n, Puerto Rica		BI	ACE — American Indian, ack, White, etc.
3√X Widowed 4 □ Divorced	IF YES, GIVE WAR OR DATE	:S	1 TYES X	NO Specify	V:		B ^s	lack
15, DECEOENT'S EDU (Specify only highest grad	JCATION 16	6a. DECEDENT'S USU	IAL OCCUPATION done during most of	f working	18b. Ki	ND OF BUSIN	NESS/INDUSTRY	1
Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT use ret	lined.)	WORNING				
		Unemp1						
17. FATHER'S NAME (First, Middle, Lest) John W. Mitche	-11		10	S. MOTHER'S NA	ME (First, Middo		mame)	
19a. INFORMANT'S NAME (Type/Print)	EII	196 MAILING ADD	DRESS (Street and				State 7in Codel	
Sarah Chambers		alkirk						
20a. METHOD OF DISPOSITION	20b. P	LACE OF DISPOSITIO				1	TION — City or	Town, State
1 M Burlel 2 Cremation 3 Removal from State other place) 4 Donation 8 Other (Specify) Loudon Park								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4300 Wabash Avenue								
use W	James 3			nore, M		21215		
shock, or heart failure. List only ons cause on each lins. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a								Approximats
disesse or condition resulting in death)		ONSEQUENCE OF):				or reapira		Interval Between
disesse or condition	B. DUE TO GOR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF):				of teaphia		Interval Between
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Due to (on as a co	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	he underlying c		Part I, 24	Is. WAS AN AL PERFORM	UTOPSY :	Interval Setwe Onset and De Ons
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. Later of the conditions of the co	b. Due to (or as a co	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):			Part I. 24	III. WAS AN AL	UTOPSY :	Interval Betwee Onset and De 24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	b. Due to (or as a co	ONSEQUENCE OF): ATLIA ONSEQUENCE OF): not resulting in the	28. PLAC	euse given in E OF DEATH (Ch	Part I. 24	Ia. WAS AN AI PERFORM YES 2	UTOPSY :	Interval Betwee Onset and Del 24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. Lawrence of the conditions of the cause of t	b. Due to (or as a contributing to death but be contributed to death but be contributed to death but be contributed to death but be contributed to death but be contributed to death but be contributed to death but be contributed to death but be contributed to death but be contributed to death but be contributed to death but be contributed to death but be contributed to death but be contributed to death but be contributed to death but be contributed to death but be contributed to death but but be contributed to death but but but but but but but but but but	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): not resulting in the contract of the contra	26. PLAC FMER: Nursing Home F 28c. INJUR	euse given in E OF DEATH (Ch	Part I. 24 1 seck only one) 6 Other (S	Ia. WAS AN AI PERFORM YES 2	UTOPSY :	Interval Setwe Onset and De Ons
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	b. Due to on as a contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contributing to death but the contribution the contribution to death but the contribution to death but the c	ONSEQUENCE OF): ONSEQUENCE OF): not resulting in the second of the sec	26. PLAC THER: Nursing Home F 28c. INJUR WORK	euse given in E OF DEATH (Ch	Part I. 24 1 seck only one) 6 Other (S	Ia. WAS AN AI PERFORM YES 2	UTOPSY :	Interval Betwee Onset and De On
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OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 2 203 3146	Page 6 may be retained by the hosts or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should to detached for the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	er must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-nours after death. Page 8 may be interested by the broad of the broad	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerate he filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MA				HEALTH AND	MENT	AL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Las	()						TE OF DEATH		YEAR	3. TIME OF DEATH
PETER	A	•		PETT	INGELL	MO	2-5-90	W	YEAH	3:40PM M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	//	UNDER 1 YEA		7. DA	TE OF BIRTH		6. BIRTHP	LACE (State or Foreign
201-42-6650	1)(C)XM 2 □ F	34	YRS.	NTHS DAY	S HOURS MIH.	3	-17-55		Pen	nsylvania
9a. FACILITY NAME (If not institution, giv			91	city, tow	H OR LOCATION OF	EATH		9c. COUN	TY OF DE	ATH
Fallston Gener	al Hospita	1		Fall	lston			Harf	ord	County
Fallston Gener	ITV		10c. CITY, T	01101 00 10	0471041					
Pennsylvania	York				CATION				- 1	10d. INSIDE CITY LIMITS?
	TOLK	-	Bro	gue	10f. ZIP CODE			40. 01717		1 YES XX NO
RD1 Box 784					17309				SA	TAI COUNTRY?
10e. STREET AND NUMBER RD1 Box 784 11. MARITAL STATUS	12. WAS DECEDENT	EVED IN ILE A	PHED	I 42 WMG (DECENOENT OF HISPA	NIC OR	O(1) 0 0 10 - V			- American Indian,
	FORCES? 1	YES 2 X)(o	If yes,	specify Cuben, Maxic	an, Puar		or No.	Black,	Whita, atc.
3 Widowed 4 X Xivorced	IF YES, GIVE WA	R OR DATES		1 1 1 1	YES XX NO Spec	ify:			Specify	White
15, OECEDENT'S E	DUCATION	18a. D	ECEDENT'S US	UAL OCCUP	ATION		16b. KIND OF BUS	SINESS/INOL	ISTRY	
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 +)	- fr	'Give kind of work fe. Do NOT use re	done during stired.)	most of working					
12	,		Sa	lesma	n		Re	etail		
15. OECEDENT'S E (Specify only highest grid Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle, Last)		1.0			16. MOTHER'S N	AME (Fir:	st, Middle, Meiden	Surname)		
	ngell				Arl	ine	Slifer			
19a INFORMANT'S NAME (Type/Print)		. 1	9b. MAILING AD	DRESS (Stre	et and Number or Rura	Route N	umber, City or Town	n, State, Zip	Code)	
Monahan Funera:	L Home		125 Ca	rlisl	e Street	Get	tysburg	, Pa.	173	25
20s. METHOD OF DISPOSITION 1 G Burlal 2 G Oremation 3 G R		20b. PLACE	E OF DISPOSITI	ON (Name of	cemetery, crematory or		20c. LO	CATION — C	ity or Tow	rn, State
4 Donation 4 Other (Specify)										
21. SIGNATURE OF FUNERAL SERVICE	LIGENSEE ON O	6:		22. NAME	E AND ADDRESS OF F	ACILITY				
Dennis Stepl	nen Xenakis	Ecolo S		Mitc	hell-Wied	efe.	ld Home	6500	Yor	k Rd. 21212
shock, or heert fellur IMMEDIATE CAUSE (Final disease or condition	disease or condition Multiple injuries									
resulting in dasth)	8		EOUENCE OF):							-
-	-		- 12-13-13-13-14-13-14-13-14-13-14-13-14-13-14-13-14-13-14-13-14-13-14-13-14-13-14-13-14-13-14-13-14-13-14-13							
Sequentisity list conditione, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
csuse. Enter UNDERLYING	c.									
CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONS	EOUENCE OF):							
resulting in death) LAST	_ d									
	ons contributing to d	lesth but not	resulting in t	ths underly	vina csuse given i	n Part i	24n WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
PART II. Other significant condit	PERFORMED? XIX YES 2 \(\text{NO} \) O						AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO			
ž										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXXES 2 NO 27. MANNER OF DEATH	HOSPITAL:		1.5	THER:	S. PLACE OF DEATH (C	check ont	y one)			
XXXX 2 NO	1 Inpetient 2	ER/Outpatient	3 🗆 DOA 4		Home 5 - Raaldence					
27. MANNER OF DEATH	28a. DATE OF II (Month, De) 2-5-90	NJURY (, Year)	28b. TIME C	Y	INJURY AT WORK?		DESCRIBE HOW I			
1 Natural 5 Pending Accident Investigation	0		2:45		□ YES 2 □XY					o impact
3 Suicide 6 Could not	bullding, a	INJURY — At I	home, ferm, stre	et, factory, o	office	261. 1	OCATION (Street of City or Town, State)	end Number	or Rural A	oute Number,
4 Homicide determined			I	Road					h P	iont Rd.Har
29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of n	ny knowledge,	death occurred	at the time,	data and place, and de					
X SOLUMEDICAL EXAM	4 4									and manner as stated.
29a. CERTIFFIER (Opeck only 1 CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and mann the course of the cause (a) and mann the course of the cause (b) and mann the cause (course) and the cause (course) are cause (course) and the cause (course) and the cause (course) are cause (course) and the cause (course) and the cause (course) are cause (course) and the cause (course) and the cause (course) are cause (course) and the cause (course) are cause (cour										
	6///	.00			29c. LICENSE N	UMBER		29d. DATE	SIGNED	(Month, Day, Year)
296. SIGNATURE BY TITLE OF PERTON	WHO COMPLETED CAUSE	OF DEATHAM	M 27) (Type, Pr	int)	OCME	UMBER			91GNED	
Intillal							MT 212	▶ 2		

BALTIMORE, MARYLAND 2129

isit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF N	MARYLAND /		RTMENT				MENTA	L HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH	
	Marjorie	E	E .	Poi	t				MONT			90	9:40 p	М
	4. SOCIAL SECURITY NUMBER 099 10 4398	5. SEX 1 M 2 F	6. AGE (In yrs. less	t birthday) YRS,	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE	OF BIRTH	189	8. BIRTH	PLACE (State or Foreign	
DR	90. FACILITY NAME (If not institution, give str Montgomery Gen		ospital	L		, тоwn с Lney		ON OF DE	EATH			on to	Jomery	
5	RESIDENCE OF DECEDENT								····					
DIRECTOR	Maryland Howard				enwo	ood							10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
FUNERAL	14078 Gared Dr	ive				101	217						what country? ted State	es
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			MED	1	If yes, sp		m, Mexica	n, Puerto	N? (Specify Yes Ricen, atc.)	or No-	14. RACI Blac Spec Wh i		
60	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON .		16b	. KIND OF BUS	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5	iito.	Do NOT u	se retired.)		at or works	ng		Pub	lic	Uti	ilities	
	17. FATHER'S NAME (First, Middle, Lest) Frederick Alle	n					18. MOT	HER'S NA		Middle, Maiden		rs		
BE	19a. INFORMANT'S NAME (Type/Print)	·	198	b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural I	Route Num	ber, City or Town	n. State, Zi	p Code)	-	
2	Cynthia Thomps	on		Sa	me a	addr	ess	as						
	20s. METHOD OF DISPOSITION 1 Description 3 Removal from State 4 Donation 5 Other (Specify) GOOd Ground Cemetery 20s. PLACE OF DISPOSITION (Name of commetery, cremetory or Gher place) Ground Cemetery 20s. LOCATION — City or Town, State Hampton Bay							1Y						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE						SS OF FA						
	W MA DITTO									unera				
						2847 Wilson Blvd., Arlington, VA2220								
	23. PART . Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):						Approximate interval Betwee Onset and Dec							
CERTIFICATION	Sequentially list conditions, If sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury													
HTIF	that initiated evants resulting in deeth) LAST	DUE 10	(OR AS A CONSEC	QUENCE O	F):									
PHYSICIAN: MEDICAL CI	DATE OF THE STATE							D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
N	l													
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE	R:			8 Othe	ne) er (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Ver) INJU					PRK?	□ NO	28d. DE	SCRIBE HOW I	NJURY OC	CCURED		
TED BY	2 Accident Investigation M 1 YES 2 F 2 Modelde S Could not be determined M 289. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						CATION (Street is or Town, State)		or Rural	Route Number,				
E	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of	mu knowledne d	ath con-	and address:	Name 4-1	and =1-:		to the co	unated code		4.4		_
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINED												e) end menner as stated	ı,
BE C	296. BICANTURE AND TITLE OF CERTIFIER	mo)					35	103	?	29d. DA	TE SIGNED	(Month, Day, Year)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Stephen Vaccare33 & 6240 Montrose

32. REGISTRADE SIGNATURE AMPLEON

Stephen 31. DATE FILED (Month, Day, Year)
FEBUS 20852

Rd Rockville Md

BALTIMORE, MARKETING 21203-3146

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H	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shtmline he filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E	ER	-
8	5	3
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be examined by the	E S	E
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE OF MARYLAND / DEPART	MENT OF HEALTH AND I		90 0307		
	1. DECEDENT'S NAME (First, Middle, Last) Helek Richbutg	CATE OF DEATH	REG. NO. 2. DATE OF OEATH MONTH DAY	YEAR 90 8 A M		
1000	212-28-0549 1X M 2 G F 57 YRS.	IF UNDER 1 YEAR OF UNDER 24 HRS. HONTHS DAYS HOURS MIN. Pb. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 03-28-32	BHRTHPLACE (State or Foreign Country) MD . Ic. COUNTY OF DEATH		
TOR	LIBERTY MEDICAL CENTER	BALTIMORE CIT		BALTIMORE		
DIRECTOR	MD BAI	TOWN DR LOCATION TIMORE CITY		10d. INSIDE CITY LIMITS? Y Y YES 2 \(\text{\tin\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\texi\tin\text{\text{\texict{\texit{\text{\text{\text{\text{\text{\ti}\text{\text{\texit{\text{\texit{\texi\tin\tint{\text{\tii}\titt{\texi}\til\titt{\text{\text{\tii}\tiint{\text{\tii}\texi		
FUNERAL	2931 GWYNNS FALLS PKWY	101. ZIP CODE 21216		USA		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Olvorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES	13. WAS OECENDENT OF HISPAN If yes, specify Cuben, Mexice 1 YES 2Y NO Specify	n, Puerto Rican, etc.)	No.— 14. RACE — American Indian, Black, White, etc. SpecifyBLACK		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) ille. Do NOT use	rk done during most of working retired.)	16b. KIND OF BUSIN			
BE COMF	17. FATHER'S NAME (First, Middle, Lest) WILLIAM BOGIER	SPORTATION CO. 18. MOTHER'S NA LAURA	ME (First, Middle, Melden Su	TIMF meme)		
TO B			riber or Aurel Route Number, City or Town, State, Zip Code) Palls Pkwy./Balto. Md. 21216			
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) GARRISON F	TION (Name of cometer), cremetory or DREST VA.CEMETE		GS MILLS, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	WM. C. MARCH		E.NORTH AVENUE		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do no shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DB AS A CONSIDUENCE OF)	t enter the mode of dying, suc				
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	rdionopale	1			
SERTIF	that initiated events resulting in death) LAST	d Failure				
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in	the undarlying ceuse given in	Part I. 24a. WAS AN AL PERFORMI 1 YES 2	ED? AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ICIAN		26. PLACE OF DEATH (Ch				
	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME INJURY	OF 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, strongly building, etc. (Specify)		28f. LOCATION (Street and City or Town, State)	I Number or Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the test of my knowledge, death occurred one) 1 MEDICAL EXAMPLE On the Series of examination end/or investigation					
TO BE C	29h. SIGNATURE AND TITLE OF CENTURES	29c, LICENSE NU	9269 °	Pod. DATE SIGNED (Morith, Day, Year) 2-6-90		
F	30. HAME, AND ADDITIONS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, I	Print) j 1/ /. A	1/,/	1.1.		

Pages

or attending physician.

21203-3146

BALTIMORE.

BOX 13146,

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RECORDS,

DIVISION OF VITAL

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle 2. DATE OF DEATH 3. TIME OF DEATH Kausch 6:37 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 68 HOURS YRS. - 5 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Stella Maris Hospice Towson, MD Baltimore County DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Towson 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 502 Fairway Ct. 21204 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1√2YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 TYPES 2
IF YES, GIVE WAT OR DATES

WW 11 1 Never Merried 2 XX farried If yee, specify Cuban, Maxican, Puarto Rican, etc.) 1 TYES XX ND Specify Specify: White BY 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Plumber 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Edward C. Rausch Bertha M. Yanke BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mrs. Regina Rausch 502 Fairway Ct. Baltimore, Md. 21204 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or other place) 20c. LOCATION -- City or Town, State METHOD OF DISPOSITION Surial 2 Cremetion 3 Removal from State Donation 5 - Other (Specify) _ Dulaney Valley Mem. Gardens Timonium Md 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY dient Mitchell-Wiedefeld Home Inc. Robert Michael 6500 York Rd. Kratz 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE DF): CERTIFICATION Sequentially list conditions. DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMALABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) Hospice 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural
2 Accident 5 Pending 1 YES 2 ND BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined CD 4 Homicide COMPLET CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE lexander D 27087 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Carla S. Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

32. REGISTRAR'S SIGNATURE

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A District of the

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5	3. TIME	OF DENT	У м	

	REGISTRAR		CERTIFIC	ALE OF DE	AIH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) ARGARET	E. Rui	DOLF		2. DATE	of DEATH	3. TIME OF DANTI)
	4. SOCIAL SECURITY NUMBER 213-38-9714		(In yrs. lest birthday) # MC	ONTHE DAYS HOUR	DER 24 HRS. 7. DATE (Mont	OF BIRTH th, Day; Year) 8.	BIRTHPLACE (State or Foreign Country)
TOR	108 SHELL COV	eet and number)	91			11	OF DEATH
	MD HARF	DAD	-	PPA TOW			10d. INSIDE CITY LIMITS? 1 YES 2 ND
NERAL	108 SHELL CON			210	085	USF	OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, specify C	uban, Maxican, Puarto	N? (Specify Yes or No— 14 Rican, etc.)	RACE — American Indien, Black, White, etc. Specify: WHITE
ETED	(Specify only highest grade	completed)	(Give kind of world	k done during most of wo	orking 168	b. KIND OF BUSINESS/INDUS	
MPL	8		HOMEMA				
	F 0	A		18. M	TARGARE		E
	19a. INFORMANT'S NAME (Type/Print)	To	19b. MAILING AI		0 -		11
	200 METHOD OF DISPOSITION	200	D. PLACE OF DISPOSITI	1/2			MD 21085 y or Town, State
	4 Donation 5 Other (Specify)	D	EL AIR	PEMORIAL	GDNS.	BEL AIR	Mo.
	1/ Janise So	Kalanoki		1211 CHE	SACO AVE.	1	
	23. PART I. Entar the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Emplications that cause List only Dns cause Dn s	d the death. Do not lach line.	entar tha moda of	dying, such as car	rdiec or reapiratory arres	t, Approximata Interval Between Onset and Death
RTIFICATION	Sequantially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c					
	PART II. Other aignificent condition	a contributing to death i	but not resulting in	the underlying caus	se given în Part î.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
MEDIC						1 TES 2 NO	OF DEATH? 1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE O	NF DEATH (Check only o	one)	
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out			Residence 8 🗆 Oth	ner (Specify)	
у РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (INJUR	RY WORK?	5 20 20 20	ESCRIBE HOW INJURY OCCU	RED
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, structly)	eet, factory, office			Rural Route Number,
MP	CONTROL ONLY	The same of the same					STATE OF THE PARTY
BE	Emory 9	Lines		Į į	DO 62	40 DATE :	SIGNED (Month, Day, Year)
F		R 902	HUBRILL	Ro. Jo	PPA. MO	21085	
	FEB 09 1990	12. REGISTRAP'S SIGN	NAME DE LA COMPANIE D				
	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	1. DECEDENT'S NAME (First, Middle, Last) ARCARET 4. SOCIAL SECURITY HUMBER 103 - 38 - 97 14 9a. FACILITY NAME (if not Institution, give st. 108	TO DECEDENT'S NAME (First, Middle, Last) A, SOCIAL SECURITY NUMBER	DECEDENT'S NAME (First, Middle, Last) Due TO (OR AS A CONSEDUENCE OF)	DECEDENT'S NAME (First, Mickin, Lari) DeceDENT Set S	1. DECEDENT'S NAME (PIPM, MORE), Last) 2. DETAILS ARE COLLEGED FOR STATE OF MORE AREA PROCESS. 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIFY NAME (PIPM AREA PROCESS) 3. DECLIP NAME (PIPM A	L DECEDENT SHAME (First, MORE). SHE SHE SHE SHE SHE SHE SHE SHE SHE SHE

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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L OR	PHO H	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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THE	黑	PO
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours that day is retained by the hospital or atten	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in two man under directs. As should be detached for use as he sind within 20 hours after death with the State Dent, of Health and Mental Hiviete prior to burial, cremation, or remove	2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lag) Wilbur N.	Snyder				2. DATE OF DEATH MONTH 2/8/90		3. TIME OF DEATH 2:30 A M	
	4. SOCIAL SECURITY NUMBER 215-01-5430	TY O/ Mourtee Case Mouree Amu				7. DATE OF BIRTH (Month, Dey, Year) 1/21/06 8. BIRTHPLACE (State or F Country) Maryla:			
2	9a. FACILITY NAME (If not institution, give str 8301 Mindale Circ	8301 Mindale Circle Apt. A Baltimore					Balti		
Oline C	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Balti		wn or Locati			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
ENAL	100. STREET AND NUMBER 8301 Mindale Circle Apt. A 21207						U.S.	N OF WHAT COUNTRY?	
מסי זם	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yea, spe	ENDENT OF HISPANI cify Cuban, Mexican 2 X NO Specify.	C ORIGIN? (Specify Year, Puerto Ricen, etc.)	8	ACE — American Indian, lack, White, etc. Decity: Caucasian	
ree ieu	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) 4 Years	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti Sales Mar	done during mos red.)	N It of working	Kelley	siness/inoustr Pontiac		
200	17. FATHER'S NAME (First, Middle, Last) William Snyder					ME (First, Middle, Maiden Seibel	Surname)		
196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 197. Mary Grace Snyder 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						e, MD 21207			
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo 4 Donation 6 Other (Southy)	llawn Cemetery Woo			ocation - City or Town, State oodlawn, Maryland				
	Josep.	rome	->	Loring	g Byers I	Road Rand Tuneral Di	rectors		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	list only one cause on ea	n mus	entar the mo	de of dyling, such	ss cardlec or reep	iratory erreat,	Approximate Interval Between Onset and Death	
MOIN	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
I I I I I	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
I CE	PART II. Other eignificant conditions	contributing to death b	ut not resulting in th	ne underlying	cause given in	Part I. 24a. WAS AP		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
MEDICAL INC.	iransuf s	chemio stt.	VKA			1 🗆 YES :		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
HISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	ACE OF OEATH (Che				
-	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ	URY AT RK?	6 Other (Specify) 26d. OESCRIBE HOW	INJURY OCCURE		
ED D	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stree	— At home, ferm, street, factory, office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLE	one)	R: On the basic of examination						se(a) end menner ee stated.	
O DE		ernk			D349		29d. DATE SIG	NED (Mopth, Day, Year)	
	EDWAND B	TEACURE	Balt. Gu	why H	30				
	FEB 0 9 1990	32: REGISTRAR'S SIGN		u					

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	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL HYGI REG. 1)	0 0308	3
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE	Α.	SEXTON			2. DATE OF DEATH MONTH FEBRUARY	7, 19	year 90	3. TIME OF DEATH 8:56p	м
	1.●7 ~ NUMBER -207=54-5098	<u>X</u>	E (in yrs. lest birthday) 48 YRS.	IF UNDER 1 YEAR MONTHS DAYS	DAYS HOURS MIN. (Month, Day, Year) 08 12			8. BIRTHPLACE (State or Foreign Country) KENTUCKY		
TOR	98. FACILITY NAME (If not institution, give at THE JOHNS HOPK) RESIDENCE OF DECEDENT		L		MORE CIT		BALT			
DIRECTOR	10s. STATE 10b. COUNTY MARYLAND			Y, TOWN OR LOCA ALTIMORI			· · ·		10d. INSIDE CITY LIMITS? 1)(YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2059 DRUID	•	10	10g. CITI2	USA	YHAT COUNTRY?				
B	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	R IN U.S. ARMED ES 2 X NO R DATES	If yes, s		IIC ORIGIN? (Specify n, Puerto Rican, atc.) //	Yes or No-	Speci	E — American Indien, c, Whits, etc. fly: HITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12TH	TH DISABLED						USTRY		
BE CO	JOSEPH SEXTON ANNA CAINS									_
5	WILLIAM SEXTON 910 NICODEMUS ROAD, REISTERSTOWN, MD. 2									
	20s. METHOD OF DISPOSITION 1 Burisi 2 T Cremation 3 Removal from Stats 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) GREEN MOUNT CEMETERY 20c. LOCATION — City or Town, State BALTIMORE, MAR							-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTO., MD. 21211								
	23. PART I. Enter the diseases, prospective. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)		Reval Fa	ilure			espiratory am	est,	Approximata interval Between Onset and Dast	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Adult Lespiratory Distress Syndrome 5 days DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.									
MEDICAL	PART II. Other significant condition	s contributing to deet	h but not resulting	in the underlying	ig ceuse given in	PEF	S AN AUTOPSY RFORMED?	246	MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	8
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch					\exists
HYS	1 🗀 YES 2 🔀 NO 27. MANNER OF DEATH	28e. DATE OF INJU	RY 28b. TIR	WE OF 28c. IN	ne 5 Residence JURY AT ORK?	6 Other (Specify) 28d. DESCRIBE H		CURED		\dashv
B⊀	1-Netural 5 Pending 2 Accident investigation 3 Suicide 6 Could not ba 4 Homicide detarmined	28e. PLACE OF INJ building, stc. (URY — At home, farm, Specify)		YES 2 NO	28f. LOCATION (St. City or Town, S	reet and Number State)	or Rural i	Route Number,	
COMPLETED	29s. CERTIFIER (Check only Control only CERTIFYING PHYSICAL ONLY CERTIFICAL ON ONLY CERTIFICATION ONLY CER	CIAN: To the best of my k			Action in the second					1
BE COI	29b. SIGNATURE AND TITLE OF CERTIFIE	R: On the basis of examin	ation and/or investigati	on, in my opinion,	29c. LICENSE NU				O (Month, Day, Year)	-
70	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print) HOSPITA	1		, 64/	///	J	
	FEB 09 1990 fu	32, REGISTRAR'S	HIGHATURE		<u> </u>					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after the transmission of the transmission of the confined by the attending physician and completely filled in the transmission of the confined by the attending physician and completely filled in the transmission of the confined by the state bent, of the confined and Montal Hydrene prior to burial, commission or remove.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other transmit event, the medical examinant manual and montal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

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be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the state this certificate has been signed by the attending physician and completely filled in by the note filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical man DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
R	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last) SAM SELLERS , Jr.	2.1	DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNI			BIRTHPLACE (State or Foreign Country)								
		ITY, TOWN OR LOCATION OF DEATH	1-7-20 9c. COUNT	Y OF DEATH								
TOR	RESIDENCE OF DECEDENT	Salling of m	1373/5									
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOW	HOR LOCATION	rd.	10d. INSIDE CITY LIMITS? 1 Ses 2 No								
	100. STREET AND NUMBER, 101. ZIP CODE 100. CITIZEN OF WHAT COUNTRY?											
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO	I3. WAS DECENDENT OF HISPANIC O		4. RACE — American Indian, Black, White, atc.								
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TES 2 NO Specify:		Specify: BAITO.								
ETED.	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	ne during most of working	16b. KIND OF BUSINESS/INDUS	STRY								
COMPLET	17, FATHER'S NAME (First, Middle, Last)	18 MOTHED'S NAME /	First, Middle, Maiden Surname)	Market								
BE CC	SAM SEllers, Sr.	Uiola	Hilla	ra								
5	190. INFORMANT'S NAME (Typo/Print) Marquerte Campbell 2307	ESS (Street end Number or Aural Aoute Winchester	Number, City or Town, State, Zip C	o. , mo 2216								
	20e METHOD OF DISPOSITION 1 1/A Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	(Name of cemetery, cremetory or UFM DK	20c. LOCATION — CH	STOWN, State								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	AND ADDRESS OF FACILITY	ish Ave									
-	23. PART I. Enter the diseases, or complications that caused the death. Do not en	Baltimore ter the mode of dying, such a	mo 2/2	at, Approximate								
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition			Interval Between Onaet and Death								
	resulting in death) DUI TO (OR AS A CONSEQUENCE OF):											
NOI	Sequentially list conditions, If any, leading to immediate											
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events CAUSE (Disease or Injury that initiated events)											
ERT	resulting in death) LAST											
AL	PART II. Other significant conditions contributing to death but not resulting in the	underlying cause given in Part	t I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE								
PHYSICIAN: MEDIC			1 TYES 2 NO	OF DEATH?								
AN:	25. WAS CASE REFERRED TO MEDICAL											
YSIC	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4	IER: Nursing Home 5 - Residence 8 -										
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	id. DEŞCRIBE HOW INJURY OCCU	RED								
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)	sctory, office 281	M. LOCATION (Street end Number of City or Town, State)	r Rural Route Number,								
COMPLETED	29e. CERTIFIER (Check only one) Applicat FYAMMED On the best of my knowledge, death occurred at the control of											
E CO	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in a 29b. SYMMATURE, AND TITLE OF CERTIFIER	29c, LICENSE NUMBER		cause(e) end manner ee stated. SIGNED (Month, Day, Year)								
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 227 (7)ps, Print)		12	13190								
	SALIM ABOU TAOUDE 2	600 Ciberty	height,	21215								
	FEB 0 9 1990 Julia Devident Control	<i>O</i>										

et be notified at once.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within .	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or res	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medi
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	1 - STATE REGIS	TRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAI	HYGIEN REG. NO.	E			
214-20-4239 1	1. DECEDEN		ce M. Saun	ders			2. DATE MONTH	OF OEATH	1990	3. T	IME OF DEATH	
THE STREET AND IMMERIA THE ST	214-	20-4239	1 □ M 2 🂢 F	71 YRS. MON	THS DAYS	HOURS MIN.	(Month	OF BIRTH 1, Day, Year) 8-1918	3	Country)	Md	
Section Sect												
To Test 2 (2) No Speedy: Speed	10e. STATE	Md	d 106. COUNTY 10c. CITY,								LIMITS? YES 2 NO	
To Test 2 (2) No Speedy: Speed	10e. STREET	915 Garrison			2	1215			USI	4		
The informant's name (pyperheir) 18th. MAILING ADDRESS (Street and Number or Part Routh Number. City or Roum, Stein, Zip Code) 3915 W. Garrison Ave., Balto., Md. 21215 392, METHOD or DISPOSITION 19th. MAILING ADDRESS (Street and Number or Part Routh Number. City or Roum, Stein, Zip Code) 3915 W. Garrison Ave., Balto., Md. 21215 392, METHOD or DISPOSITION 19th. MAILING ADDRESS (Street and Number, or Part Routh Number, City or Roum, Stein, Zip Code) 3915 W. Garrison Ave., Balto., Md. 21215 392, METHOD or DISPOSITION 19th. MAILING ADDRESS (Street and Number, or Routh Routh Number, or	3 Widow	Never Merried 2 Merried FORCES? 1 YES 2 NO			If yes, spe	city Cuben, Mexica	n, Puerto F		or No— 14.	Black, Wh	ita, etc.	
The INFORMANT'S MAME (PywPring) See, METHOD OF DISPOSITION Seed of Mamber or Part Routh Number or Part Routh	Elementa	(Specify only highest grade completed) (Give kind of work done during most of working the De NOT use retired.)						KIND OF BUS	SINESS/INDUS	TRY		
Sequentially list conditions Due to join as a consequence op:	17. FATHER'S		r			18. MOTHER'S NA Sophia	ME (First, A Gree	Middle, Meiden	Surname)			
Approximate Commended Co	Janet	James		3915 W.	Garri	son Ave.		lto.,	Md.	2121		
March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that deuted the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Both Avenue Approximate interval Both Onset and D disease or condition But to (or As A consequence or): Approximate interval Both Onset and D disease or conditions, Amount of the cause, Enter UNDERLY (or As A consequence or): But to (or But to (o	1)(Buriel 4 Donation	2 Cremation 3 Ren	noval from State	other place)	Cemete	ery	CILITY					
abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) B. DUE TO (of As A CONSEQUENCE OF): DUE TO (of As A CONSEQUENCE OF): C. DUE TO (of As A CONSEQUENCE OF): DUE TO (of As A CONSEQUENCE OF): C. DUE TO (of As A CONSEQUENCE OF): DUE TO (of As A CONSEQUENCE OF): DUE TO (of As A CONSEQUENCE OF): C. DUE TO (of As A CONSEQUENCE OF): DUE T	•	000)	Mar 430	ch F/H 00 Wabas	West sh Av	enue				
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NA NUMBER OF CAUMO OF DEATH? 1 YES 2 NO NO PERTIFICATION OF CAUMO OF DEATH? 1 YES 2 NO NO PERTIFICATION OF CAUMO OF DEATH? 1 YES 2 NO NO PERTIFICATION OF CAUMO OF DEATH? 1 YES 2 NO NO PERTIFICATION OF CAUMO OF DEATH? 1 YES 2 NO NO PERTIFICATION OF CAUMO OF DEATH? 1 Netural S Pending Investigation Sucide S Could not be determined See. INJURY At home, farm, street, factory, office 281. LOCATION (Street and Number or Flural Route Number, Death of Investigation, In my opinion, deeth occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE BIGNED (Month, Dey, Year)	iMMEDIAT disease or reaulting i	ahock, or heart failure. E CAUSE (Final condition in death) Ity list conditions, ling to immediate or UNDERLYING sease or injury sease overts	a. DUE TO (OR AS A	SCUS HEAD CONSEQUENCE OF):							Intarval Between Onset and Death	
2 Accident sirvestigation investigation such that the course of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as state and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner as state and place, and due to the cause(e) end menner as state and place, and due to the cause(e) end menner as state and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner	PART II. O	ther algnificant condition			e underlying	g ceuse given in	Part I.	PERFOR	RMED?	AMA COI OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?	
2 Accident sirvestigation investigation such that the course of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as state and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner as state and place, and due to the cause(e) end menner as state and place, and due to the cause(e) end menner as state and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner and place, and due to the cause(e) end menner	25. WAS CAS EXAMIN	R?			HER:							
3 Sulcide 4 Homicide 5 Could not be determined 5 CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(e) end manner as state. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE BIGNED (Month, Dey, Year)		OF OEATH	26e. DATE OF INJURY	26b. TIME OF	28c. INJ WO	URY AT			W INJURY OCCURED			
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. Supplies Number 297. Supplies Number 298. SIGNATURE AND TITLE OF CERTIFIER 299. SIGNATURE AND TITLE OF CERTIFIER 290. DATE BIGNED (Month. Day, Voar)	3 Suk	ide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	— At home, farm, street	t, factory, offic					Rural Route	Number,	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. Supplies Number 297. Supplies Number 298. SIGNATURE AND TITLE OF CERTIFIER 299. SIGNATURE AND TITLE OF CERTIFIER 290. DATE BIGNED (Month. Day, Voar)	29e. CERTIFI (Check o	nly CEHTIFYING PHY		/						euse(a) end	I manner as stated.	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	296. SIGNAT	URE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU	MBER 504	4	29d. DATE 8	IGNED (Mo	nth, Day, Year)	
SI DATE BLED (Agrin 1990) Julia Mandar Highture					0							

ABYNAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a finance state feath. Page 6 mm to be second to the EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, in 8 should distance be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTA	L HYGIENE REG. NO.			
1. 0	DECEDENT'S NAME (First, Middle, Lost) CATHECINE	C. SPELLMA	N			2. DATE MONTI	OF DEATH DAY	9"	3. 1	TIME OF DEATH.
4, 5	SOCIAL SECURITY NUMBER 212-36-6787	5. SEX S. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH 1, Day, Year) 1 - 5 - 3	7 0.	BIRTHPLA Country)	CE (State or Foreign
	FACILITY NAME (If not institution, give so Baltimore Coun			96. CITY, TOWN O	R LOCATION OF DE	ATH		9c. COUNTY Bal	to.	Н
_	state 106. COUNTY			town or locat	lls, Md.		· · · · ·		1	I. INSIDE CITY LIMITS? YES 2 NO
100	STREET AND NUMBER 6 LOOMIS Ct.	IBER 10f. ZIP C						10g. CITIZEN	OF WHAT	
. 1	MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 YES	2 NO	If yes, spe	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yer If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			or No- 14.	Black, Wr Spacify: Black	
17. I	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	N It of working	16b	, KIND OF BUSH	NESS/INDUST	TRY			
17.1	FATHER'S NAME (First, Middle, Last)		Unemplo	yeu	18. MOTHER'S NA	ME (First, I	Middle, Maiden S	urname)		
	Eugene T. Ca	tlett			Anna	J	. Chr	ristia	n	
19a	Getta Martin				od Number or Rural P				^{de)}	
1 🛚	a. METHOD OF DISPOSITION [] Burlai 2	oval from State	b. PLACE OF DISPOSITION (No. 1)	ing Mem				ATION — CITY Randal		wn Md.
21.	SIGNATURE OF FMNERAL SERVICE LIG	EdmanD	4	4300	Wabash imore, M	Aveni	ue			
IM dis	D. PART I. Enter the diseases, or a shock, or heart failure. IMEDIATE CAUSE (Final seese or condition aulting in death)	a. All	ech line.	t enter the mo		h aa card	diac or reeping	ntory arrest	,	Approximate Interval Between Onset and Death
on CA	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST									
)	ART II. Other algorificant condition	s contributing to death t	but not resulting in	the underlying	j cause given in	Part I.	24s. WAS AN A PERFORM 1 YES 2	NEO?	COL	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
Ë _	WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Ch	eck only or	20)		<u></u>	
ź _	1 YES 2 NO	HOSPITAL: 1 Inputiant 2 ER/Out		OTHER: 4 - Nursing Hom	e 5 🗆 Rasidence	6 🗆 Othe	r (Specify)			
	MANNER OF DEATH 1 Netural S Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? 'ES 2 NO	28d. DE	SCRIBE HOW IN	JURY OCCUP	ŒD	
3	3 Suicide & Could not be defamilied	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, at icify)	reet, fectory, offic			ATION (Street ar or Town, State)	nd Number or	Rural Route	Number,
294	(Critical And)	CIAN: To the boat of any limit							suse(s) an	d menner as stated.
290	S STATURE AND TITLE OF CERTIFIE	San	MD		29c. LICENSE NUI	IBER 126	19	29d. DATE S	IGNED (Mo	onth, Day, Year)
30.	SHEGOLV S	. Goldo	LMD	Balt	inote	Cou	ext	Gere	tal	Hosp
31.	FEB 09 1990 4	32 REGISTRAR'S SIGN	MODE				/			

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BALTIMO

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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1	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	other
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	1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AN	D MENTA	AL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH	NY.	YEAR 3.	TIME OF DEATH
	MARGARET ELIZAB	ETH STALLING	SS	233		6		9	0	7/2/4 H
	4. SOCIAL SECURITY NUMBER 214-22-8688	5. SEX 6. AGE (1	In yrs. lest birthday) YRS.	MONTHS DAYS		(Mor	th, Day, Year)		8. BIRTHPL Country) Mary1	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF I							TAND DE DEAT		
DIRECTOR	RESIDENCE OF DECEDENT	County 6.	or,	Columbi			ia Howa			
EC	10a, STATE 10b. COUNTY		10c. CIT	Y, TOWN OF LOC				10	d, INSIDE CITY LIMITS?	
		ard		Ellicot	t City				1	YES 2 X NO
AL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITI	ZEN OF WHA	T COUNTRY?
FUNERAL	3591 Rogers Ave.				2104	13			U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			ECENDENT OF HIS			or No-	14. RACE -	American Indian, hite, etc.
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA			specify Cuban, Ma ES 2 XNO Sp		Hican, Mc.)		Constitu	
										White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of life. Do NOT u	work done during	TION most of working	16	b. KIND OF BUS	SINESS/INC	USTRY	
=	6th Grade	College (1-4 or 5+)								
MP			Homem	aker	1					
	17. FATHER'S NAME (First, Middle, Last) Louis DuBritton				1.11	11.50	Middle, Maiden	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)					ude E				
2	John A. Stalling				t and Number or Ru					1011
	20a, METHOD OF DISPOSITION				Wood Dr				City or Town,	1911
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Remo	oval from State	other place)				i i			
	21. SIGNATURE OF FUNERAL SERVICE LIC		<u>leadowri</u>		orial Pa		E_L	kridg	e, Ma	ryland
	1. /	4//		Hubb	ard Fune	eral H				
	Kaymano P	elerson		4107	Wilkens	Ave.	Balt:	imore	, Md.	21229
CERTIFICATION	23. PART I Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
E	that initieted events resulting in death) LAST	505/14 (50/140)								1
CEI		1								
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions	contributing to deeth b	ut not resulting				24a. WAS AN PERFOR 1 TYES 2	RMED?	OI OI	ERE AUTOPSY FINDINGS AULABLE PRIOR TO MPLETION DF CAUSE F DEATH? YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH	(Check only	one)			
YS	1 VES 2 NO	1 The first 2 ER/Out			ome 5 🗆 Resider					
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY	NJURY AT WORK? YES 2 NO		EŞCRIBE HOW I	NJURY OC	CURED	
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	' — At home, farm,	street, factory, or	fice		OCATION (Street by or Town, State)		r or Rural Rou	e Number,
COMPLET	contain any	CIAN: To the best of my know R: On the basis of examination								nd menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Proce			D2	NUMBER	7	29d, DAT	E SIGNED (M	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)	Pate	xc. L		0	//	nd
	31. DATE FILED (MONT) ON MINO	32. REGISTRAR'S SIGN	ATURE							
	FFB 0.9 1990	alla Jandan	Mandella							

DHMH-16 Rev 1/89

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tificate has been signed by the attending physician and completely filled in by the fun	or remova	or item 23 shows any injury, or other traumatic event, the medical exist
y filled	ation,	the
отріете	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	event,
and c	o buria	natic
ysician	prior to	r traur
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPART	MENT OF	HEALTH AND I		YGIENE	E		
	1. DECEDENT'S NAME (First, Middle, Last) E1	eanor P. Stew	art			2. DATE OF MONTH Feb	. 1,	1990 [*]	3. TH	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 219 10 7998	1 □ M 2 🔀 F 80	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Di Oct.	BIRTH 17, (6ar)		Country) Md	E (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give s 506 Greenwood I				DR LOCATION OF DE	EATH		Bal	of DEATH	е
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	ltimore	10c. CITY	10c. CITY, TOWN OR LOCATION TOWSON				10d. INSIC LIMIT 1 YES		
ERAL	506 Greenwood I	Rd.		10f. ZIP CODE 21204				10g. CITIZEN	USA	OUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2XXIND	if yes, s	CENDENT OF HISPAN pecify Cuban, Mexica 8 2 XNO Specify	in, Puerto Rica		or No— 14.	RACE — An Black, White Specify: Whit	
COMPLETED	ts. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)							Mawr S		
COM	17. FATHER'S NAME (First, Middle, Last) Edwin B. Pinke:	rton			18. MOTHER'S NA Bet	ME (First, Midd				
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Betsy S. Gu:	stin			and Number or Rural ood Road				^{de)} 212	04
	20a. METHOD OF DISPOSITION 1 N Burles 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE DF DISPOSITION (Name of cometery, cremetory or Pikesville, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LIN	N B	2-31	22. NAME / MI: 650	AND ADDRESS OF FA CCHELL—WI OO York R	EDEFEL oad	D HON	ME, IN	C. Md.	21212
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due To (OR AS A CONSEDUENCE OF): Onset and Death Onset and Death								Approximate Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 U YES 2 NO OF I							AVAIL COMP OF DE	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO	
NAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF OEATH (Ch	heck only one)				
YSIC	1 TYES 2 NO	HOSPITAL:			me 5 Rasidence	·				
ВУ РН	27. MANNER DF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	20b. TIMI	M 1	JURY AT PORK? YES 2 NO			NJURY OCCUP		
	3 Suicide 6 Could not ba 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	treet, factory, of	ice		ON (Street e Town, State)	and Number or	Rural Route N	fumber,
COMPLETED	cool	ER: On the basis of axamination							euse(a) and	manner as stated.
BE	296. SIGNATURE AND TYPLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Wear) 21/1990									
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9 E. Chase ST 3 Printed MD 21262										
	31. DATE FILED (Month, Day, Year)	11. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE								

2. DATE OF DEATH PAY 1990 YEAR Tebruary 6, 1990

1957

7. DATE OF BIRTH (Month, Day, Year)

29.

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Pages 1, 2, 3 should

YRS.

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

Manassas

DAYS

IF UNDER 24 HRS.

HOURA

Bethesda, Maryland

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (in yrs. last birthday)

32

5. SEX

NIH, The Clinical Center

RESIDENCE OF DECEDENT

Virginia

1 🗌 M 2 💢 F

Prince William

3. TIME OF OEATH 11:42 am

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY LIMITS?

1 YES 2 NO

DHMH-18 Rev 1/89

Virginia

9c. COUNTY OF DEATH

Montgomery

BALTIMORE, MARYCAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

3	10e. STREET AND NUMBER				of. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?			
ij	7604 Bland Dr.				22110			S.A.			
BY FUNERA	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	13. WAS DE If yea, a 1 YE	CENDENT OF HISPANI pecify Cuban, Mexican S 2 X NO Specify:	C ORIGIN? (Spec , Puerto Ricen, at	Ify Yea or No—	14. RACE — American Indian, Black, White, etc. Specify: White			
8	15. OECEOENT'S ED (Specify only highest gra-		18a. DECEDENT'S U	SUAL OCCUPAT	OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY ne during most of working						
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)	Assistant Prosecutor						
COMPL		7	Attor	ne y		Fauq	uier Cou	inty, Va.			
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle, A	faiden Sumame)				
BE	Joe Hampton Fr	ance				Anne E	0				
0	19a. INFORMANT'S NAME (Type/Print)	ttles buchen			and Number or Rural R	oute Number, City	or Town, State, Zip (Code)			
· .	Mr. Jonathan Spi										
- 1	20a. METHOD OF DISPOSITION 143 Burlal 2 Cremation 3 Re	movet from State	other place)				oc. LOCATION — C				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	Mt.		t Cemeter		ockingna	m County, Va.			
	1) 10	1 NO. L			Funeral						
	yonald d	Me			1 Sudley						
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between										
1	IMMEDIATE CAUSE (Finel										
	disease or condition resulting in death) a. \(\) Septic Shock DUE TO OR AS A CONSEQUENCE OF:										
	tisseminated tungal infection days										
ON	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
AT	H any, leading to immediate cause. Enter UNDERLYING + end-Stage, well-differentiated										
F	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)		1	Λ.	40	veors			
CERTIFICATION	that initiated events resulting in death) LAST d. YMPNOMA										
	PART il. Other algnificant condition	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS								
MEDICAL		icardial to	ampon			P	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
E	prolongled	neutro		May Co	1 X YES 2			OF DEATH?			
	Search Failure										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	T. C.		26. 1	PLACE OF DEATH (Che	ck only one)					
SIC	EXAMINER?	HOSPITAL:		OTHER: I Nursing Ho	me 5 🗆 Residence	B Other (Special	(y)				
РНҮ	27. MANNER OF CEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c. IN	JURY AT	28d. DEŞCRIBE	HOW INJURY OCC	UREO			
ВУ	1 Natural 5 Pending 2 Accident Investigation		15055		YES 2 NO						
	3 Suicide 8 Could not b	28e. PLACE OF INJU building, atc. (S	RY — At home, farm, str pecify)	eet, factory, off	Ice	28f. LOCATION (City or Town,	Street and Number (State)	or Rural Route Number,			
E	4 Homicide datarmined										
COMPLETED		YSICIAN: To the best of my kn	owledge, death occurred	at the time, dar	ta and place, and due	to the cause(s) s	nd manner as state	d.			
OM	one) 2 MEDICAL EXAMI	NER: On the basis of examine	tion end/or investigation.	in my opinion,	death occured at the	time, data and pla	ace, and due to the	cause(a) and manner as stated.			
ш	296. SIGNATURE AND TITLE OF CENTER		. 0 11	2	29c. LICENSE NUM	BER	29d. DATE	SIGNED (Morgh, Day, Year)			
TO B	CA 60651561 216190										
F	30. NAME AND ADDRESS OF PERSON Y	WHO COMPLETED CAUSE OF			D.1.1			1 00000			
	7 7. 4. 606	D. M.D	9000 R	ockvill	e Pike, E	ethesda	, Maryl	and 20892			
	ST. DATE FILED MONTH DOY, YOU 10	90 32. JEGISTRADIS SI	GNATURE GANGLE								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely f	стета	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, th
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	FOR STATE OF MARYLA 1 - STATE REGISTRAR		RTMENT OF			NTAL HYGIE		50 0000
	1. DECEDENT'S NAME (First, Middle, Last)	OLITTI	TOATE OF	DEAT	2.	OATE OF DEATH	J	3. TIME OF OEATH
	Cleveland L. Summers	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 2		DATE OF BIRTH	8 90	BIRTHPLACE (State or Foreign
	216-09-2448 XXM2□F 72	YRS.	MONTHS DAYS	HOURS	MIN. 8	(Month, Day, Year) 3/18/17	Ma	aryland
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) Summitt Nursing Home		9b. CITY, TOWN	OR LOCATIO	N OF CEATH	1	9c. COUNTY Balt	of DEATH timore
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. Cf	TY, TOWN OR LOCA	TION				10d. INSIDE CITY
LOFF	MD 10e, STREET AND NUMBER	E	altimo	re			LIMITS? 1)XYES 2 NO 1 OF WHAT COUNTRY?	
ERA	609 Nottingham Road		l "	2122			OF WHAT COUNTRY	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2XX Married 3 Wildowed 4 Olvorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OAT	2 200	If yes, s		, Maxican, P	ORIGIN? (Specify Y Puerto Rican, etc.)	RACE — American Indian, Black, White, etc. Specify. White	
COMPLETED	15. OECEDENT'S EQUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN				7	16b, KIND OF B	USINESS/INDUS	TRY
NO.	17. FATHER'S NAME (First, Middle, Lest)	Daker		16. MOTH	ER'S NAME	(First, Middle, Maide	n Surname)	
8	Vernon Summers			Vii	rgie	Faulde	r	
Æ	190. INFORMANT'S NAME (Type/Print) Harriett 'M Summers		G ADDRESS (Street Notti					**
	20a. METHOO OF DISPOSITION 20b.	PLACE OF OISP (other place)	OSITION (Name of o	emetery, cremi		20c. L	OCATION — City	or Town, State
	4 Donation 5 Other (Specify)	Lorrai	ne Par	K ND ADDRES	S OF FACILI		re, MD	
	· Peter & ashto		Ster	ling	Asht	ton Fun		Home, PA MD 21228
	23. PART I. Enter the diseases, or complications that caused shock, or heart fellure. List only one cause on ear							
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CONSEQUENCE	OD:					Onset and Death
N	Sequentially list conditions (b. Preside	emp	itin					
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	CONSEQUENCE	OF):					
CERTIFICATION	oue to (or as a country that initiated events resulting in deeth) LAST	CONSEQUENCE	0F):					
ا ب	PART II. Other algnificant conditions contributing to death but	t not reculting	In the underlyle	ng ceuse g	Iven In Par		IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICA	Dicheter Mellet	14 +1				1 TYES	2 (A) NO	OF DEATH?
ž								
SICE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outlea		OTHER:	PLACE OF DE				
1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED								
M 1 YES 2 NO								
	3 Suicide 6 Could not be 4 Homicide 6 Could not be detarmined	— At home, term (y)	, atreet, factory, off	ca	26	B1. LOCATION (Street City or Town, Sta		Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINER: On the basis of examination							
BE C	20b. SIGNATURE AND TITLE OF CERTIFIER	11 7		29c. LICE	NSE NUMBE		29d. DATE 8	HGNED (Month, Day, Year)
10	30 MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Ty)	pe, Print)	P	131	170		71/10
	31. DATE FILED (Month, Day, Year) \$2_REGISTRAR'S SIGNA	TIDE						
	FEB 09 1990 file Jundon							
								DHMH-16 Rev 1/1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a final redeath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL					MENTAL		_				
	1. DECEDENT'S NAME (First, Middle, Last)							F DEATN		3. TI	ME OF D	EATH	
-	George M.	Tarbutton, J	r.				HONTH				. 30	A.M.M	
	4. SOCIAL SECURITY NUMBER		ST. February 9, 1990 1990	BIRTNPLAC									
	218-05-2686 9a. FACILITY NAME (If not institution, give s		2 YRS	3.			7-	9-17		Mary1	and		
oc		,	-11-4				EATH						
DIRECTOR	Meridian Nursing	Center Rand	alistow	n k	tanda	listown			ва	T C T IMO	re		
RE	10a. STATE 10b. COUNTY		10c. (CITY, TOWN	OR LOCAT	ION				10d.	INSIDE C	ITY	
		imore		W						1 🗆	YES 2	a read	
FUNERAL	10s. STREET AND NUMBER	1 0 1 4			101							7	
N	2613 Roya.	1 Oak Avenue	ALLI C ADMED	Tien	WW.0. DEC			- H M					
	1 Never Married 2 Morried	FORCES? 1 YES	2 200	13	If yes, spi	city Cuben, Mexica	in, Puarto Ric	(Specify Yea can, etc.)		Black, Whit	merican li ta, etc.	ndlen,	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	AIES		1 U YES	24 NO Specify	y:			Specify: Whi	te		
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDEN	T'S USUAL (OCCUPATIO	ON	16b. I	UND OF BUS	INESS/INDUST		-		
9	Elementary/Secondary (0-12)	College (1-4 or 5+))	at the morning				_			
MP	High School		Machin	ist						Compa	iny		
8	17. FATHER'S NAME (First, Middle, Last)	wheeton Co							Sumame)				
BE	George M. Ta:	I Dutton, SI.	401 1111										
2	Mrs. Doris A. T	arbutton									07		
	20a, METNOD OF DISPOSITION						с Ба						
	1 Surial 2 Cremation 3 Remo	oval from State	other place)									1	
	21. SIGNATURE OF FUNERAL SERVICE LIC		<u>orrarno</u>		. NAME AN	D ADDRESS OF FA	CILITY						
	>												
				o not anta							Approx	imete	
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death												
	disease or condition resulting in death)	· and	ares=	20	ero	20							
		DUE TO (OR AS	CONSEQUENCE	OF):									
N	Sequentially list conditions.												
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING												
FIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
E	resulting in death) LAST												
	d												
AL AL					ınderiying	g cause givan in	Part I.			AWAIL	ABLE PRI		
MEDIC	Fartingen 2 Alsean											OF CAUSE	
Σ							-			1 🗆	YES 2	□ NO	
AN	25. WAS CASE REFERRED TO MEDICAL				00.01	ACE OF OPATH (O)							
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	2 7 20		R:								
¥	27. MANNER OF DEATN	28a. DATE OF INJURY	28b.	TIME OF	28c. INJ	URY AT			NJURY OCCUR	ED			
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)			WO	RK?							
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, fan	m, street, fe	etory, offic				and Number or F	Burel Route I	Number,		
COMPLETED	4 Homicide detarmined	building, etc. (Spe	City)				City of	iown, State)					
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	rledge, death occ	urred at the	time, data	and place, and due	to the caus	e(a) and man	ner sa stated,				
MO	cool only									ruse(a) and	menner i	s stated.	
	20b. SIGNATURE AND TITLE OF CENTIFIES	10				29c. LICENSE NUI	MBER		29d. DATE SI	GNED (Mont	th, Day, Ye	nar)	
BE	HE	ece	120	7		D20964							
일	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (7	ype, Print)									
	Dr. Jerome Gins			ty Pl	laza	Mall Ra	nda11	stown	, MD		211:	33	
	31. DATE FILED MONING 99 Mer)	LA DEGISTRAR'S SIGN	ATURE MOLDE										
	1 0 1000		and the same of the same										

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the he filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical and
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FEB (89/4990

	1 - STATE OF MARYLAND / E CEI		MENT OF H			GIENE 3. NO.	20 03030		
	1. DECEDENT'S NAME (First, Middle, Last) Katherine Thompson				2. DATE OF DEMONTH	ATH DAY	YEAR 2:50 Q M		
Œ	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last to 227 - 09 - 1077 1 - M 2 - F - 844 99. FACILITY NAME (If not institution, give street and number)	YRS.		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	ATH	19 65 9c. COUN	8. BIRTHPLACE (State or Foreign Country) WITH VIRGINIA TY OF DEATH		
5	Liberty Medical (euter		Balt	more	City	1 8	altimore		
DIRECTOR	MD Baltimore		OWN OR LOCATI	D VC			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
RAL	G26 News W. tow Ave.		10f.	2121	7	10g. CITI	ZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	ED)	If yes, spe	ENDENT OF HISPAN city Cuban, Maxican 2 NO Specify	IC ORIGIN? (Spec	city Yea or No—	14. RACE — American Indian, Black, White, atc. Specify: B L M CK		
COMPLETED	(Specify only highest grade completed) (Give Elementary/Secondary (0-12) College (1-4 or 5+)	EDENT'S US skind of work to NOT use n	UAL OCCUPATIO k done during mos etired.)	N it of working	16b, KIND	OF BUSINESS/IND	USTRY		
MPI		ELF E	MPLOYED			STAURAN	TS		
	17. FATHER'S NAME (First, Middle, Last) EDWARD SMITH			18. MOTHER'S NAI		Malden Surname)			
BE		MAILING AD	DRESS (Street as	ALI nd Number or Rural F			Code)		
5	ELDER JAMES D. NELSON P/R 210	O EII	TAW PI.A	CE BALT	TMORE	MARYI ANI	0 21217		
	20s. METHOD OF DISPOSITION 20b. PLACE OF	F DISPOSITI	ON (Name of cert	etery, crematory or TERY 2/1	1 :	ec. LOCATION —	City or Town, State E, MARYLAND 21213		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		LEWIS	D ADDRESS OF FA	FUNERA		21215-6393 IMORE, MARYLAND		
	23. PART I. Enter the diseases, or complications that caused the design abook, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a	arr	anter the mod	de of dying, eucl					
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. SIP CAIST DUE TO (OR AS A CONSEOUR STANDARD STANDA	CH	Dull						
O			9						
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death but not rec	autting in	the underlying	cause given in	F	PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	eck only one)				
YSIC	1 FORES 2 NO HOSPITAL:		THER: Nursing Home	me 5 Residence 6 Other (Specify)					
ВУ РН	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	286. TIME C	M 1 V	RK? ES 2 NO	28d. OEȘCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At hom building, etc. (Specify)	ie, ferm, stre	et, factory, office	'	281. LOCATION City or Town	(Street and Number 1, State)	or Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dest								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER NEVYCH CLOV M.D			D380	193	▶	02/06/90 02/06/90		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM		•	street	RIT MD	38,99	3		

by the hospital or attending physician.	parameter of the detached for use as the burial-transit	be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 in the manner of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct. page 100 to the delached for use as the burial-transit he find within 72 hours after cleath with the State Deor. of Health and Mental Mygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF I	MAKTL				NIUFH TE OF			MEN I/	REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)	WSKI								2, DAT	1731-90	NY.	YEAR	3. TIME OF DEATH 1:35 A. M
4. SOCIAL SECURITY NUMI		5. SEX	6. AGE (I	n yrs. lest t	birthdey)	IF UN	DER 1 YEAR	IF UNDER	UNDER 24 HRS. 7. DATE OF BIRTH					4PLACE (State or Foreign
21610837	4	₹ M 2 □ F	77		YRS.	MONTI	ds DAYS	HOURS	MIN.	(Moi	neth, Day, Year)	2	w) ryland	
96. FACILITY NAME (If not in		treet and number)				9b. C	TTY, TOWN C	R LOCATI	ON OF DE			9c. COL		
CHURCH H		AL CORP	ORAI	TION		В.	ALTI	MORE.	CI	ΤY				
RESIDENCE OF DEC	10b. COUNT	,		Т	10c. CIT	Y, TOW	N OR LOCAT	ION	-	-				10d, INSIDE CITY
MD.					ВА	LT	IMORE	E CI	ΤΥ					LIMITS?
10e. STREET AND NUMBER								. ZIP COD				10g. CI1	IZEN OF	WHAT COUNTRY?
604 S. M	ACON	STREET						21	224			U	.S.A	
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES	2 NO		Т	If yes, sp	ecify Cubi	ın, Mexica	n, Puerte	ilN? (Specify Yes o Rican, stc.)		14. RACI	E — American Indian, k, White, atc.
3 🔣 Widowed 4 🗌 Dive	orced	IF YES, GIVE V	WAR OR DA						Specify					"White
(Specify on	EDENT'S EDU ly highest grade	completed)		/Give	EDENT'S kind of to Do NOT us	work do	L OCCUPATION one during mo id.)	ON at of worki	ng	10	66. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	''	As	sem	hlv					Nelso	n Bo	S Co	
17, FATHER'S NAME (First, A	fiddle, Last)			220		way		18. MOT	HER'S NA	ME (First	, Middle, Maiden		A 40	
Andrew Ton	nczews	ki						14.07	osal					
190. INFORMANT'S NAME (· · · · · ·		19b.	MAILING	ADDF	NESS (Street a				mber, City or Town	n, State, Z	ip Code)	
Mrs. Mary		nmons		6	04 5	S.	Macon	Str	eet	- Ba	altimor	e, M	d. 2	1224
20a. METHOD OF DISPOSIT	ION		206	DI ACE O	E DISSO		(Name of cer			-			- City or To	
1 ØBurlel 2 Cremetil 4 Donation 5 Dothe		oval from State	_ 2	other place /3/90) -	Oal	k Lawn	Cen	eter	У	Ва	ltie	nore,	Md.
21. SIGNATURE OF FUNER							22. NAME AI	ND ADDRE	SS OF FA	CILITY				
> Hatter	H.	The area	~ L.	د							i Funer			Md. 21224
disease or condition resulting in death) Sequentially list condi	neart fallure.	s. DUE TO	R C(NO	CAR M MENCE O	CI	AMON	OF 70/	THE	ST	OMACH			Approximate Interval Between Onset and Death
If sny, leading to immediate. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	and the state of t	e. DUE TO	(Off AS A	COMSEQU	JENICE O	e):								
PART II. Other signific	ant condition	ns contributing to	death b	ut nat re	aulting	in the	underlyin	g cause	given in	Part I.	1 YES 2	TOBYE	24	MERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:				-01	26. P	LACE OF	DEATH (C)	heck only	onej		- 11	
1 □ YES 2 X NO		1 Supportions 2	ER/Outs	outlant 3	DOA		Nursing Hon	• 5 □ F	lesidence	6 🗆 Ot	ther (Specify)			
A CONTRACTOR OF THE PARTY OF TH	Pending	28a, DATE O	F INJUSTY Day, Year)		266. TR	JURY	W	HERY AT	□ NO	266.0	DESCRIBE HOW I	HJURY O	CCURED	
2 Accident Investigation 3 Suitside 6 Could not be determined 28s. PLACE OF INJETY — At home, farm, street, factory, office City or Town, State) 28s. PLACE OF INJETY — At home, farm, street, factory, office City or Town, State)								er or Aunal	Flouric Mumber;					
troubed out	E OF DESTRICT	ille	7	es amdåor in	westlgati	on, in	my opinion, i	29e UC	ened at the	time, d	ete and place, ar	28d. DA	THE BIGNE	(a) and manner as stated. (b) (Month, Day, thur)
DR.WALKE	R IMP	AGLIATE	LLI		-1/5/1/01/1	e ress	1001		HOS		AL COL		RATI	CONTROL DESCRIPTION
S1. DATE FILED (Month, Day	1990	Julia De	AND SIGN	Mond	A SOC									

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3146,	ecuted with	and complet burial, crea	atic event
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ficate be ex	physician a	ner traum
л. О	death certi	attending ental Hygie	ry, or oth
ORDS	s that the	ned by the lith and M	any inju
REC	aw require:	s been sig opt. of Hea	3 shows
VITAL	JAN: The L	rtificate ha	or Item 2
NOF	NG PHYSIC	fter this ce	marked,
NISIO	R ATTEND	RECTOR: A urs after de	m 28 is
5	SPITAL OF	NERAL DII	NT: If Ite
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deam.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fund director, now 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examination must be notified at once.

	FOR STATE REGISTRAR		RTMENT OF HEALTH AND MENTAL HYGIENE FICATE OF DEATH REG. NO.												
	1. DECEOENT'S NAME (First,	, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH	
	James	W.	Trezi	se						MONTH 2	DA	- 1	YEAR	1 300	M
1 1	4. SOCIAL SECURITY NUME		5. SEX		yrs. last birt	77	UNDER 1 YE		R 24 HRS.	7. DATE OF	BIRTH	-	BIRTH	PLACE (State or Foreign	
	215-01-438	3.3	1 🔀 M 2 🗌 F	76	١	YRS. MO	NTHS DA	YS HOURS	MIN.	8/30	713		Mar	vland	
	9a. FACILITY NAME (If not in		treet and number)			98	CITY, TO	WN OR LOCAT	TION OF D			9c. COUNT			
[g]	203 N. C	Curley	Street	t		l E	Balt	imore							
DIRECTOR	RESIDENCE OF DEC														_
	10a. STATE	10b. COUNTY	Y		10		OWN OR L							10d. INSIDE CITY LIMITS?	
	MD					Ba	alti	nore						XX YES 2 NO	_
FUNERAL	10a. STREET AND NUMBER	1	Charat					101. ZIP CO						WHAT COUNTRY?	
	203 N. Cu	iriey						212				US			_
🖫	11. MARITAL STATUS 1 Never Married 2	Mandad	12. WAS DECEDEN FORCES? 1)				NIC ORIGIN? (S nn, Puerto Rice		or No- 1	4. RACE Black	— American Indian, u, Whita, etc.	
B	X Widowed 4 Dive		IF YES, GIVE V	VAR OR OAT	TES		1 🗆	YES XXNO	Specif	fy:			Speci	•	
	15 DEC	EDENT'S EDU	CATION		16a. DECED	ENT'S LIS	UAL OCCU	PATION		16b KI	NO OF BUI	I SINESS/INDU	whi	te	_
	(Specify onl	y highest grade	completed)		(Give k	tind of work NOT use re	done durin	g most of work	ding						
<u>-</u>	Elementary/Secondary (ffiknjov	vn	"	mec.	hani	LC			Ba	ltin	ore	Cit	У	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						18. MO	THER'S NA	AME (First, Midd	tle, Maiden	Surname)			
m O	Francis T	rezis	se					Gr	ace	John	son				
0	19a, INFORMANT'S NAME (1				19b. M	AILING AO	ORESS (St			Route Number,		n, State, Zip (Code)		
일	Mildred N		llivan		2	03 1	I. C	urlev	St	/Balt	0 - N	ID 21	224		
L	20a. METHOD OF DISPOSIT	ION		20b.	PLACE OF	DISPOSITI	ON /Name	of comptons on	metons or			CATION — C			
	1 X Buriel 2 Crematic		oval from Stata		Balt	imor	ce C	emete	rv		Bal	timo	re.	MD	
1	21, SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE				22. NAN	E AND ADDR	ESS OF FA	ACILITY	1				
	14/1/1	///	/				Mo	ran-A	sht	on Fu	nera	1 Ho	me,	Inc.	
H	23. PART I. Enter the d	11.11			45 . 4	D								MD_2122	4
			List only one cer			. Do not	enter the	mode of a	ying, auc	on as cardiad	c or resp	ratory arre	st,	Approximata intarvai Between	
1 1	iMMEDIATE CAUSE (Fit disease or condition	nai		0										Onset and Des	ith
	resulting in dasth)	→	a.	C 112	CONSEQUE	neyo	ORTHY								
				-				_	247					_	
CERTIFICATION	Sequantially list condit	ions,	b	OR AS A	CONSEQUE	NCE OF:	IVA		TRUE E					} 	_
\bar{4}	if any, leading to imme cause. Enter UNDERLY				ELTEN.									11	
유	CAUSE (Disease or injuthat initiated events	ary	C. OUE TO		CONSEQUE									+	-
토	resulting in daeth) LAS	T .	al.												
빙			G												
4	PART II. Other significe									Part i. 24	PERFO		246	. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	38
MEDIC	CHear	··L	035True	4W S	10	ilnu	roy	Disi	245	1	YES 2	NO NO		OF OEATH?	
밀														1 TES 2 NO	
SICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEOICAL	HOSPITAL:					6. PLACE OF	DEATH (C	heck only one)					
Sic	1 YES 2 NO		1 Inpatient 2	☐ ER/Outpe	itlent 3 🗆		THER: Nursing	Home 5	Realdenca	6 Other (S	Specify)				
PHY	27. MANNER OF DEATH		26a. DATE Of (Month, ii	Pay, Year)	21	8b. TIME C)F 286	: INJURY AT WORK?		28d. OESCR	NBE HOW	NJURY OCC	UREO		
BY	1 Natural 8 2 Accident	Pending Investigation					M 1	YES 2	☐ NO						
ED		Could not be	28e. PLACE (building	of INJURY -	— At homa,	farm, atre	et, fectory,	office			ON (Street Town, State)		or Rural I	Route Number,	
151	4 Homicide	detarmined							<u></u>						
4	CONSUM ONLY	TIFYING PHYS	ICIAN: To the best o	f my knowle	edge, death	occurred a	at the time,	data and pla	ce, and du	a to the cause	(a) and ma	nner aa state	d.		
COMPLET	one) 2 MEO	ICAL EXAMINE	ER: On the basis of a	examination	and/or Inve	atigation,	in my opini	on, death occ	ured at the	e time, data an	d place, ar	nd dun to the	cause(a) and menner as stated.	
ш	29b. SIGNATURE AND TITLE	E OF CERTIFY	1/1					29c. LI	CENSE NU	IMBER		29d. DATE	SIGNE	(Month, Day, Year)	_
m			XIL					0	24	276			2-5	3.90	
일	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAL	ISE OF DEA	TH (ITEM 27	7) (Type, Pr	int)								

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FEB 0 9 1990

File Varidismi fentale

DHMH-18 Rev 1/89

LAND 21203-3146

me hospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m. M. refined to the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, per filled in the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

}	1. DECEDENT'S NAME (First,	-								2. DATE OF D	EATN	ıY	YEAR	3. TIME OF DEATN	
	CHARLES	WIE	SSNER (A							2_	6 91			7:17 P*	
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. lesi		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day			8. BIRTH Country	PLACE (State or Foreign	
	214-01-93	36	1 M 2 □ F	89	YRS.						-14-			MD.	
~	98. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY,	TOWH	OR LOCATIO	ON OF DE	ATN		9c. COU	NTY OF D	EATH	
0	CHURCH HOS	DTTA.	L CORPO	RATION			BAL	TIMO	RF (CITY					
SE I	10a. STATE	10b. COUNTY			10c, CITY	, TOWN O	R LOCA	TION					T	10d. INSIDE CITY LIMITS?	
DIRECTOR	MD.	BAL	TIMORE			BAI	TI	MORE	,				1 ☐ YES 2 □MNO		
AL	10e. STREET AND NUMBER						10	1. ZIP CODI				10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	18 BOX CII	RCLE			21221					U.S.A.				S.A.	
5	11. MARITAL STATUS 1 Nover Married 2	Married		T EVER IN U.S. AR	NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)					or No-	14. RACE Black	- American Indian, White, atc.			
B	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES		1	YES	2 📉 NO	Specify:	:			Spech	v: WHITE	
	15, DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCUPATION 16b. KIND OF BUS					D OF BUS	INESS/IN	DUSTRY	WILLIE	
Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use retired.)								during most of working							
MPL	n/a		n/a		MECH	CCHANIC					BR	EWER	Υ		
CO	17. FATHER'S NAME (First, M				18. MOTNER'S NAME (First, Middle, Malden Suma						DATESTO	LTN			
BE	HENRY WU					111111					INKNO	MIN			
2	ROBERT WI		ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code BOX CIRCLE BALTIMORE, MD.					2	1221						
	20a, METHOD OF DISPOSIT 1 Burial 2 Crematic 4 Donation 5 Other	n 3 🗆 Rem	20b. PLACE other ple					natory or				City or To			
į	21. SIGNATURE OF FUNERA	L SERVICE		22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME INC.							•••				
	> Curl	is X	Jough				SC1 33:	HIMUN 31 Br	NEK F ehms	UNERAL Lane,	HON Bal	to.	Md.	21213	
}	23. PART I. Enter the d ahock, or h	laceses, or e	complications the	ot caused the da	ath. Do n	ot anter	the me	ode of dy	ing, such	as cardiac	or reapl	ratory ar	reat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fir disease or condition	nal	(111		,								Onaat and Death	
ŀ	resulting in death)	→	a. hunde	OR AS A CONSE	LEFT HIP FRACTURE										
_		_	- (2 velices	^	CARDIAC ARRE					DDT/	~m		j	
CERTIFICATION	Sequentially list condit if eny, leading to imma	lona,	0.	(OR AS A CONSEC		0	1	CA	RUL	AC_A.	RRE	2.T.			
S	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	a. H												
	that initiated events resulting in death) LAS		OUE TO	(OR AS A CONSEC	DUENCE OF):									
H	Total and an addition and		d												
	PART II. Other algnifice		_		eaulting I	n the un	dariyir	ng ceuse	given in	Part I. 24a	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICAL) D. ć	G DV							10	YES 2	NO NO	CENTRICET.	COMMUNICATION OF CAMPUT	
_		C 14 F	C	ONGEST	IVE	HEAL	RT	FAIL	JURE	_			- 4	OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED T	O MEOICAL					26. P	LACE OF O	DEATN (Che	ock only one)		11		OF ALL	
SIC	EXAMINER?		HOSPITAL:	ER/Outpatlant 3	□ DOA	OTHER		me 5 🗆 Re	esidence	8 Other (Sp	ecity)	40	you.	n Medical E	
Ť	27, MANNER OF DEATH		28a. DATE O		28b. TIMI	E OF URY	28c. IN	JURY AT ORK?		28d. DEŞCRIE	BE NOW I	NJURY O	CURED	1044/	
ВУ									CXNO	Subjec	t t	cippe	ed an	d fell Wyar	
ED	3 Suicide 8 Homicide	Could not be		OF INJURY — At ho , atc. (Specify)	me, farm, s	treet, fact	ory, offi	CB		281. LOCATION	N (Street wn, State)	and Numbe	r or Rural F	Poute Number,	
E						Stor	e_	<u></u>		/-II S	core	e, Co	ompas	s Rd/Martin	
COMPLET	0001													unty, MD sol manner as stated.	
	29b, SIGNATURE AND TITLE	OF CERTIFIE	R	GAB.	RIEL	MA	RTŢ	NascZic	ENSE NUN	IBER		29d. DA	TE SIGNED	(Month, Day, Year)	
) BE	fold	whi	+ MD					1		809		•	2-4	-90	
2	30. NAME AND ADDRESS O	F PERSON WI			_					RTINE		1 ,			
	31. DATE FILEO (Month, Day,	Year)	32_REGISTR	AR'S SIGNATURE	D	ίο	0 N	. B.	oad	way	BN	tima	NM	D 21231	
	FFB 0	9 1991	1 delias	avidour-Ro	TOTAL BEAT										

6, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be marked or marked or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, the second to demode for use as the burial-trace within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	e executed	an and con	umatic e
. BO)	rtificate b	ng physicia	other tra
, P.O	death ce	Aental Hy	טרץ, סר ו
ORDS	as that the	afth and N	s any inj
REC	aw require	s been signed by of He	3 show
/ITAL	AN: The k	ificate hat State De	r item 2
OF	PHYSICI	this cert	orked, o
ISION	TTENDING	TOR: After after death	28 is ma
DIV	TAL OR A	3AL DIREC 72 hours	If item
	HE HOSPI	HE FUNER	ORTANT.
	10	5 ad	IMP

	1 - STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTM				GIENE G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	William.	5			2. DATE OF DE MONTH	ATH	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (In y		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Dey,	TH 8.1	BIRTHPLACE (State or Foreign Country)
	9a, FACILITY NAME (If not institution, give street a			a. CLEY TOWN OF	R LOCATION OF DE		9c. COUNTY	N.C.
DIMECTOR	Loch RAVEN VA	1101/01/11		וומע	more			
	Mary And 106. COUNTY		B.	AM M	ore			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2525 Fr	ancis St		101.	ZIP CODE 2121	7	10g. CITIZEN	of WHAT COUNTRY?
R	1 Never Married 2 Married	WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	S X NO	If yes, spe	ENDENT OF HISPAN city Cuben, Mexica 2 NO Specify	n, Puerto Ricen,	etc.)	Black, White, etc. Specify: Black.
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co	N 16 Noted) Hege (1-4 or 6+)	ia. OECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos	N I of working	-	of Business/Indust	TRY
	17. FATHER'S NAME (First, Middle, Last) Henry Williams				18. MOTHER'S NA	ME (First, Middle,		
0 85	190. INFORMANT'S NAME (Type/Print) Gladys Willis				nd Number or Rural F	Route Number, City	Cooper	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal	20b. Pl	LACE OF DISPOSITI	ON (Name of cam	St., Bal		20c. LOCATION — City	1217 y or Town, State
	4 Donetion 5 Other (Specify)		arrison F		Vet. Cem		Owings N	Mills, Md.
	as week 1	gram			Wabash imore. M			
	23. PART i. Enter the diseases, or companions, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		ilne.			h ee cardiec o	r respiratory arrest	t, Approximate Interval Between Onset and Death
HILLCALION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A CO		•				
EHILL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):					
: MEDICAL C	PART II. Other significant conditions co	entributing to death but	not resulting in 1	the underlying	cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
HTS	1 YES 2 NO 1	Inpatient 2 ER/Outpatie 26e. DATE OF INJURY (Month, Dey, Year)		Nursing Home	JRY AT RK?		HOW INJURY OCCUR	RED
à	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY —	At home, farm, stre	M 1 7	ES 2 NO	281. LOCATION	(Street and Number or	Pural Ploute Number,
ELED	4 Homicide determined	building, etc. (Specify)				City or Town	n, State)	
COMPLETED	CONSCINON ONLY	: To the best of my knowledges the basis of examination as						:ause(a) and manner as stated.
H H	29b. SIGNATURE AND TITLE OF GERTIFIER MOREON BOULD	mo de ho	ouse of	241	29c. LICENSE NUI	MBER	29d. DATE 1	S 90
2		MPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Pr	rint)			/	/
	FEB 09 1990 Julia	REGISTRAR PHIGNATI	<u> </u>					

05 1 1 15

3. TIME OF DEATH

2. DATE OF DEATH

ed for use as the burial-transit permit. Pages 1, 2, 3 should

'	De m		TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	
-	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be me		irector.	De 6 m	
	mine		neral d	ith. Pa	
_	al exa	oval.	the fu	fter dea	
	medic	or rem	d in by	ours a	
	the	ation,	ly filled	n 24 h	
	event,	. crem	mplete	d with	
3	atle	buria	and co	xecute	
TA	traum	orior to	sician	e pe e	
71017	other	giene g	ng phy	ertificat	
Ü	y, or	Tall Hy	attendi	eath c	
1 84	Inju	nd Me	by the	t the d	
	rs any	eafth a	joned	res tha	
1. B.B.	show	t. of H	peen s	v requi	
AAIC	m 23	te Dep	e has	The lav	
700	or Ite	the Sta	ertifical	CIAN:	
0	rked,	with	this co	PHYS	
Ó	ls ma	death	: After	DING	
1	n 28	rs after	ECTOR	ATTEN	
100	If Item	2 hou	AL DIR	AL OR	
O DE COMBLETED DA DUVEICIANI. MEDICAL	ANT	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	UNER	10SPIT	
L	PORT	filed v	TEF	THE	
9	₹.	9	2	2	

_	Wesley	trams	STREAM	AMS, WEKWESLEY FEI					FEB 04 90 3:30 am				
ř	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lea	st birthday)	IF UNDER		F UNDER 24 HRS.	7. DATE OF E (Month, Da	BIFTH y, Year)	8.	BIRTHPLACE (State of	Foreign	
	218-74-0158	1 M 2 F	29	YRS.					5/6	0	MD		
-	9a. FACILITY NAME (If not institution, give s				1		OCATION OF D	EATH		9c. COUNTY	OF DEATH		
5	CHURCH HOSPITAI	CORPO	RATION		ВА	LTIM	ORE						
١	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	OR LOCATION	(-				10d. INSIDE C	ITY	
5	MD BAI	TIMORE		B	4 T.T.	TMORF	CTTY			Colf Cyes 2 No			
3	10e. STREET AND NUMBER					101. ZII	P CODE				OF WHAT COUNTRY	n	
	1027 N. Castle					2	1205		USA				
5	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	T EVER IN U.S. AF			If yes, specif	DENT OF HISPA y Cuban, Mexic	en, Puerto Rica	pecify Yee	or No 14	. RACE — American I Black, White, etc.	ndien,	
5	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		1	TES 2	NO Speci	y:			Specify: BLACK		
	15. DECEDENT'S EDU	CATION	16a. Di	ECEDENT'S	USUAL O	CCUPATION		16b. KIR	ID OF BUSI	NESS/INDUS			
1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- 46	(Give kind of work done during most of working life. Do NOT use retired.)									
	12th Grade		U	NEMP	LOYI	ED		NA					
3	17. FATHER'S NAME (First, Middle, Last)						B. MOTHER'S N		le, Maiden S		411/0		
4	THOMAS PETERS	ON					<i>AARYBE</i>			STRE			
5	19e. INFORMANT'S NAME (Type/Print)	1310		5 4 4 6			Number or Rural					0.6	
	RHONDA STRE	AMS			-		nv. cremetory or	D/DAL			y or Town, State	00	
	100 Buriel 2 Cremation 3 Rem	noval from State	other p	fecel			EMETER	v			RE, MD		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1				ADDRESS OF F				, ,		
	*	1	X,	5		<i>u a</i>	1/ A TO CLT	77 77	770	יהו די	NORTH .	A T 7 77	
	23. PART i. Enter the diseases, or	complications the	at caused the d	eath Do									
	ahock, or heert failure.										Interva	i Between and Death	
	iMMEDIATE CAUSE (Final disease or condition	_		1	d	1505	ND ST	AGE L	IVER	DIS	EASE	and Death	
	resulting in death)	DUE TO	O OR AS A CONSE	EQUENCE O	P: AT	COHO	T.TC H	ΕΡΔͲΤ	TTS	S. +17			
2		a RI	OF AS A CONSE	hear	titi	5 4	I.V. dr	ng abi	DRU	Ğ ĀB	USE		
5	Sequentially list conditions, if eny, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE O	e):			J					
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c. Kw	(OR AS A CONSE	DATE OF			RENAL	SHUT	DOM	N			
	that initiated events resulting in death) LAST	DOE IC	(On AS A CONSE	QUENCE ()	T):						į		
5		d											
۱ ۶	PART ii. Other significant condition	ns contributing to	death but not	resulting	in the ur								
						nderlying c	ause given in	Part i. 24	PERFORI		24b. WERE AUTOPS AMAILABLE PR	OR TO	
2						nderlying c	ause given ir			MED?		OR TO	
MEDIC						nderlying c	ause given Ir		PERFOR	MED?	AVAILABLE PR	OR TO DF CAUSE	
AIN. MEDIC	25. WAS CASE REFERRED TO MEDICAL							1	PERFOR	MED?	AVAILABLE PR COMPLETION OF DEATH?	OR TO DF CAUSE	
SICIAIN. MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	FR/Outration	3 DOA	ОТНЕ	26. PLAC	E OF DEATH (C	neck only one)	PERFORI	MED?	AVAILABLE PR COMPLETION OF DEATH?	OR TO DF CAUSE	
TSICIAIN. MEDIC		1 Inpatient 2		28b. TIN	OTHEI	26. PLAC R: rsing Home	E OF DEATH (C	neck only one) 6 Other (S	PERFORI	MED?	AMALABLE PR COMPLETION OF DEATH? 1 YES 2	OR TO DF CAUSE	
T L L	EXAMINER? 1	1 Inpatient 2	,	28b. TIN	OTHEI	26. PLAC R: rsing Home	SE OF DEATH (C	neck only one) 6 Other (S	PERFORI	MED?	AMALABLE PR COMPLETION OF DEATH? 1 YES 2	OR TO DF CAUSE	
בו בו	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 28a. DATE O (Month,) 26a. PLACE	F INJURY Day, Year) OF INJURY At h	28b. Till IN.	OTHEI 4 Nur IE OF JURY	26. PLAC R: reing Home 28c. INJUR WORK 1 U YES	SE OF DEATH (C	1 heck only one) 6 Other (S) 28d. DESCRI	PERFORI YES 2 Dec(fy) BE HOW IN	MED?	AMALABLE PR COMPLETION OF DEATH? 1 YES 2	OR TO DF CAUSE	
IEU BI FIII	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 28a. DATE O (Month,) 26a. PLACE	F INJURY Day, Year)	28b. Till IN.	OTHEI 4 Nur IE OF JURY	26. PLAC R: reing Home 28c. INJUR WORK 1 U YES	SE OF DEATH (C	1 heck only one) 6 Other (S) 28d. DESCRI	PERFORI	MED?	AMALABLE PR COMPLETION OF DEATH? 1 YES 2	OR TO DF CAUSE	
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IEU BI FIII	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER	28a. DATE O (Month, 26a. PLACE building	F INJURY Day, Year) OF INJURY At h 1, etc. (Specify) of my knowledge, d	28b. Tilk IN.	OTHE: 4 Nur RE OF JURY M street, faci	28. PLAC R: raing Home 28c. INJUR WORK 1 YES tory, office	E OF DEATH (C 5 Residence 7 AT 7 6 2 NO	6 Other (S) 28d. DESCRI 28f. LOCATIC City or 7	PERFORI YES 2 Decify) BE HOW IN ON (Street e bown, Stele)	MED? NO NURY OCCUI Nd Number or	AMALABLE PR COMPLETION OF DEATH? 1 YES 2 RED Rural Route Number,	IOR TO DF CAUSE	
e complete en Bi Fri	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	28a. DATE O (Month, 26a. PLACE building SICIAN: To the best of	F INJURY Day, Year) OF INJURY At h 1, etc. (Specify) of my knowledge, d	28b. Tilk IN.	OTHE: 4 Nur RE OF JURY M street, faci	26. PLAC R: reing Home 26c. INJUR WORK 1	E OF DEATH (C 5 Residence 7 AT 7 6 2 NO	6 Other (S) 28d. DESCRI 28f. LOCATIC City or T	PERFORI YES 2 Decify) BE HOW IN ON (Street e bown, Stele)	MED? NO NO NO NO NO NO NO NO NO N	AMALABLE PR COMPLETION OF DEATH? 1 YES 2 RED Rural Route Number,	OR TO DF CAUSE NO No no notation	
EU DI FIII	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE O (Month, 26a. PLACE building SICIAN: To the best of ER: On the bests of	FINJURY Day, Year) OF INJURY — At h , etc. (Specify) of my knowledge, d examination and/or	28b. Till IN.	OTHEI 4 Nur HE OF JURY M street, fact	28. PLAC R: rsing Home 28c. INJUR WORK 1 YES tory, office	E OF DEATH (C) 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PERFORI YES 2 Decify) BE HOW IN ON (Street e own, State)	MED? NO NO NO NO NO NO NO NO NO N	AMALABLE PR COMPLETION OF DEATH? 1 YES 2 RED Rural Route Number,	OR TO DF CAUSE NO No no notation	
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uid be detached for use as the burial-transit permit. Pages 1, 2, 3 should

ed at once.

	1 - STATE REGISTRAR	SIMIE OF I	WARYLAND / CE		ICATE				REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF	F OEATH			3. TIME OF DEATH	
	Amelia France	s Willia	ams					Febi	uary	8,19	990"	м	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1	-	IDER 24 HRS.	7. DATE OF	BIRTH			PLACE (State or Foreign	
	215-30-6946A	1 🗆 M 2 🔀 F	93	YRS.	MONTHS 1	DAYS HOU	RS MIN.	July	12,	1896	96 Virginia		
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, T	OWN OR LOC	CATION OF D				c. COUNTY OF DEATH		
RO	1102 Tace Drive	Apt.2D			Es	sex				E	Balti	more	
5	RESIDENCE OF DECEDENT			10. 0-	0c. CITY, TOWN DR LOCATION 10d, INS								
DIRECTOR	Md. 106. COUNT	Baltimo	ce	10c. C11		SSEX						10d. INSIDE CITY LIMITS? 1 YES 2 X ND	
7	10e. STREET AND NUMBER					10f. ZIP (ODE			10g. CIT	IZEN OF W	HAT COUNTRY?	
FUNERAL	1102 Tage Dri	ve Apt.	2D				21221				USA		
5	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. ARA	MED				NIC ORIGIN?		s or No-	14. RACE	— American Indian, White, etc.	
B	1 Never Married 2 Merried 3 Widowed 4 Divorced		MAR OR DATES			YES 2		nn, Puerto Ric ly:	an, etc.)		Specif		
	15. DECEDENT'S EDU (Specify only highest grade				USUAL OCC		orkina	16b. K	INO OF BU	SINESS/IN	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5	life.	Do NOT u	se retired.)	ing most or w	urung						
MP.	8th			Nı	ırse								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. 8	_	AME (First, Mic		Surname)			
H	Letcher Pearm	an					Sen		ird				
2	19e. INFORMANT'S NAME (Type/Print)		196					Route Number				21221	
1	Marion Redolfi 200. METHOD OF DISPOSITION		20b, PLACE (t.2D I	4	MOTE			
/	1 Donation 5 Other (Specify)	voval from State	other ple	ce)	of Fai	,		T 7				Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	_ Galue	2115		ME AND AD			110	100 V I.	TTE L	RLYLANA	
	· Commallia	Fund	Lal H	-1		Connel	ly Fu	neral	Home	3001	MAceA	ve. 21221	
	23. PART I. Enter the diseases, of ahock, or heart fellure.	complications th	at coused the dea	ath. Do	not enter ti	ne mode of	dying, suc	ch ss cardie	c or resp	iratory ar	rest,	Approximate	
Ī	ahock, or heert fellure. IMMEDIATE CAUSE (Finel											Interval Between Onset and Death	
	disesse or condition resulting in deeth)		O (OR AS A CONSEC	6	Gods	(-1	Auto	in he	ist	Lot	ici	Some day	
	resulting in deetin)	DUE TO					0					0461	
Z	Sequentially list conditions,	b	O (OR AS A CONSEC	W-C	der	o Sus						10 800	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	NUENCE C	NF):								
일	CAUSE (Disease or Injury	c. DUE TO	O (OR AS A CONSEC	UENCE C	NF):							<u> </u>	
Ē	that initiated eventa resulting in deeth) LAST												
CE		a											
AL	PART II. Other significent condition			-		4			4a. WAS AP		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICAL	Cerston	voscul	in noc	rde	2 (leny	Cons		T YES	2 -NO		COMPLETION OF CAUSE OF DEATH?	
ME							179					1 - YES 2 - NO	
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE	OF DEATH (C	heck only one)					
ΥSΙ	1 YES 2 NO		☐ ER/Outpatient 3		4 🗆 Nursii			6 Other					
H	27. MANNER OF DEATH 1 Parturel 5 Pending	28a. DATE O (Month,	Day, Year)	28b. TH	WE OF 2	WORK?		28d. DESC	RIBE HOW	INJURY OC	CURED		
B≺	2 Accident Investigation	28a PLACE	OF INJURY — At ho	me form	etmet frotor	1 YES	2 LI ND	284 1 004	TION (Phone	and Mumbi	e or Dumi i	Route Number,	
딢	3 Suicide 8 Could not be 4 Homicide determined	building	, etc. (Specify)	,		,, 0.1100		City or	Town, State)		name Harrison,	
	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	of my knowledge, de-	ath occur	red at the tirr	e, date and s	place, and du	e to the coun	e/e) and ma	nner as str	nted.		
COMPLETED	(Critick Only											i) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	iR.	USE OF DEATH (ITE			29c.	W- 84	IMBER		29d. DA	TE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CA	USE OF DEATH (ITES	M 27) (Typ	e, Print)		0	1			17	/ -	
	J GLAT	T. M.D	Esal	m	ed a	utes	. 01,	CO 21	211	ne			
	31. DATE FILED (Month, Day, Year)	32. REGISTE	IAR'S SIGNATURE										
	FEB 0.91990 «	La Saind	- Rando 90										
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DHMH-16 Rev 1/89

DHMH-18 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	l by the attending physician and completely filled in by the funeral director, page is singuities, and for use as the burial		
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	6 3	and Mental Hyglene prior to burial, cremation, or removal.	to inline or other traumatic event the medical eventines much he mailted of man
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

												TEG. NO.		-		
	1. DECEDENT'S NAME (First,		TATT	LLL	AMS				2. DATE OF MONTN	DA		YEAR				
L			Villa Jea				т		-		Febru		7, 1	990		6:50 p M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In	yrs. lest		MONTH!	ER 1 YEAR	_	R 24 HRS.	7. DATE OF (Month, D			8. BIRTH Countr	PLACE ((State or Foreign
	219-14-624		1 □ M 2 🄀 F	0	3	YRS.					Nov.	7 19				irginia
I	9e. FACILITY NAME (If not in			2			9b. CI		N OR LOCAT		EATH		9c. COL	NTY OF D	EATH	
	Franklin	-	Hospita	īΤ					Rossv	тте			Ba1	timo	re (County
-	RESIDENCE OF DEC	10b. COUNTY				40.01	Y. TOWN									
1	Md.		ltimore		- 1	10c. CI I		Esse							LI	SIDE CITY MITS?
Ł		DE	TCIMOLE										1 ☐ YES 2 ☑ NO			
ı	100. STREET AND NUMBER	reide	Poad						101. ZIP CO	212	21		10g. CIT	USA		DUNTRY?
1		LSIGC														
ш	11. MARITAL STATUS 1 Never Married 2 2	Married	12. WAS DECEDEN FORCES? 1			D	15	If yes,	specify Cut	an, Mexico	NIC ORIGIN? (1 an, Puerto Rici		or No-	14. RACE Blaci	k, White,	ericen Indian, etc.
	3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DATI	ES			1 🗆 Y	res 2 KNO	Specific Spe	fy:			Speci	Whi	te
⊩	15. DEC	EDENT'S EDU	CATION	1	Se DEC	EDENT'S	LAUSUAL	OCCUPA	ATION		18h KI	ND OF BUS	INESS/IN	DUSTRY	AATIT	
-	(Specify only	y highest grade	completed)		(G/v	e kind of Do NOT u	work don	ne during	most of work	dng	1000.10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Elementary/Secondary (0	1-12)	College (1-4 or 5	*)								Bingo	Ha.	11		
1	17. FATHER'S NAME (First, M	liddle, Last)							18. MO	THER'S NA	AME (First, Mide	de, Maiden	Surname)			
۱	Laten W	. Pha	ares							thel		kard				
r	19a. INFORMANT'S NAME (7				19b.	MAILING	3 ADDRE	SS (Stree	et end Numb	er or Rural	Route Number,	City or Town	n, State, Z	(p Code)	_	01001
L	RAymond Wi		5						side		Balt	imore	e MA	ryLar	nd	21221
ш	20e. METHOD OF DISPOSIT 1 A Burlel 2 Crematic 4 Donation 5 Other	on 3 L. Rem	oval from State	20b. Р	LACE C	P DISPO	11 C	Name of Ceme	tery	emetory or		20c. LO	cation -	nore	MAr	yland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE				2	2. NAME	AND ADDR	ESS OF FA	ACILITY					
	Conn	elly	Funel	alt	lo	ml					eral H				æ.	21221
ı	23. PART I. Enter the d	iseases, of	complications the	at caused t	he da	nth. Do	not ent	er the	mode of d	ying, aud	ch aa cerdia	c or reapi	ratory a	rrest,		Approximate
	IMMEDIATE CAUSE (Fig	_	List billy one ca	use on aec	A1 1111GL											Onset and Death
	disesse or condition resulting in death)	→	Myocar	dial :	Infa	arct	ion	•								
	resulting in destiny			(OR AS A C											\neg	
			b												1	
	Sequentially list condit if any, leading to imme	diete	DUE TO	(OR AS A C	ONSEO	UENCE O	PF):									
Ш	cause. Enter UNDERLY CAUSE (Disease or inju		с												_	
	that initiated events		DUE TO	(OR AS A C	ONSEO	UENCE C	OF):									
	resulting in death) LAS	" (d													
	PART ii. Other algnifice	ent condition	a contributing to	death hut	not re	sulting	In the	underly	vina causa	givan Ir	Part I. 2	ta, WAS AN	AUTOPOV	2,61	WERE	AUTOPSY FINDINGS
	Chronic O							ornamil)	,y vause	giveri II		PERFOR	MED?		AVAILA	BLE PRIOR TO ETION DF CAUSE
	Theophy11			monar,	y_D;	rzeg	se.				— ¹	YES 2	XX10		OF DE	ATH?
														1	1 🗌 Y	ES 2 NO
	Respirato		lure.													
	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				ОТН		, PLACE OF	DEATH (C	heck only one)					
	1 TYES 2 NO		Xinpatient 2		lent 3		4 🗆 N	lursing h		Realdence	6 Other (S					
	27. MANNER OF DEATH	Board	28e. DATE Of (Month, I	F INJURY Day, Year)		28b. TII	JURY	3	INJURY AT WORK?		28d. DESCF	RIBE HOW I	NJURY O	CCURED		
		Pending Investigation					М	1 ''	YES 2	□ NO						
	3 Sulcide 8 Homicide	Could not be determined	28e. PLACE (building	OF INJURY - , etc. (Specify		me, farm,	etreet, f	actory, o	office		281. LOCATI City or	ON (Street l Town, State)		er or Rurel	Floute Nu	imber,
L	_															
	CONTROL ONLY	TIFYING PHYS	ICIAN: To the best o	f my knowled	dge, der	nth occur	red et th	e time, d	date end pla	ce, end du	e to the cause	(s) end mar	nner as st	sted.		
	one) 2 MED	ICAL EXAMINE	R: On the basis of	examination	end/or li	nvestigeti	ion, in m	y opinio	n, deeth occ	ured et th	e time, dete ar	d place, an	d due to	the cause(a) and π	nanner ee stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	R /						29c, Li	CENSE NU	MBER		29d. D/	TE SIGNE) (Month,	, Day, Year)
	Flold.	m. 1	rehel	_						N/A			1	17/9	20	
I	30. NAME AND ADDRESS O													1		
	Adolph Wyc					klin	. Sq1	uare	e Dr.	, Bal	lto.,	21237	<u>'</u>			
	SI. DATE FILED (Month, Day,		32. REGISTR		URE											
	FEB 091990	1 4	Sig Tained.	, D.	00											

BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page is may be retained to the property or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and the comment for use as the buria be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be norther at given
	thi.	mation,	it, the
3146,	ecuted wit	nd comple burial, cre	ntic even
30X 1	ate be ex	hysician ar	r trauma
.O. E	th certific	ending pl	or othe
DS, F	if the dea	by the att	/ Injury.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	equires tha	en signed of Health a	hows any
AL R	The law n	te Dept.	s EZ mi
F VIT	SICIAN	the Sta	d, or ite
ONO	JING PHY	After this death wit	marke
IVISIO	IN ATTENI	IRECTOR: ours after	em 28 ls
۵	SPITAL D	NERAL DI	NT: If the
	TO THE HO	TO THE FUI	IMPORTA

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SHER A HA

31. PATE BE GOTH, Day and 1990

32 REGISTRAR'S TONATURE

							90	0309
1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYG REG.			
1. DECEDENT'S NAME (First, Middle, Last)	F 111	MINER)		2. DATE OF DEAT MONTH	DAY	YEAR 3. TI	ME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) IF	UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH	5	6. BIRTNPLAC	E (State or Foreign
212-16-4687 9s. FACILITY NAME (If not institution, give s		2 YRS.	NTHS DAYS H	OURS MIN.	3-31-1		Country) MG.	
LIBERTY ME	DICAL CE	WIER E	BALTIM	10RE	CITY	BA	LTIMO	IRE CITY
10a. STATE 10b. COUNT	Y	10c. CITY, TO	own or location	N				INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 3915 Calloway Av	/e. Apt 406			21215			JSA	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2X NO	If yes, specif		IC ORIGIN? (Specif n, Puarto Rican, atc :		14. RACE — AI Black, Whit Black	merican Indian, ta, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6 +)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of	of working	16b. KIND OI	BUSINESS/INI	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) Harvey Gray			1	Ida Gro	ME (First, Middle, Me	iden Surname)		
199. INFORMANT'S NAME (Type/Print) Marion Franel	1				Balto.,		p Code) 21213	
20s. METNOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20t aloval from State	other place) Cedar Hi	ON (Name of cemets		20	LOCATION -	city or Town, S	Co., Md.
21. SIGNATURE OF FUNERAL SERVICE LA	March	1		wabash Anore, Mc				
23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Card	lac	ABSO	^	o as cardiac or a			Approximate interval Between Onset and Deeth
Sequentially list conditions,	b. DUE TO (OR AS A	A CONSEQUENCE OF):	fa	elure	2			
if eny, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	. Phan	works	5					
that initiated events resulting in death) LAST	d. Chron	LE OUS	buck	live L	UNG	DISC	EASE	Pa.
PART II. Other aignificant condition	na contributing to death I	but not reculting in t	the underlying o	cause given in		S AN AUTOPSY		E AUTOPSY FINDINGS
						RFORMED?	COM OF 0	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
					-		''	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	CE OF DEATH (Che	ack only one)			
1 TYES 2 NO 27. MANNER OF DEATH	1) Inpetient 2 - ER/Out	patient 3 DOA 4	☐ Nursing Nome		6 Other (Specify		ou in Fo	
1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WORK 1 TYES		26d. DEŞCRIBE N	OW INJURY OC	CURED	
3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, stre- odfy)	et, factory, office		261. LOCATION (S City or Town,		or or Rural Route	Number,
Conson Gray	BICIAN: To the best of my know ER: On the basis of exemination							manner as stated.
Sher A Ho	shini 1	up	2	Pac. LICENSE NUN	ABER 648	29d. DAT	TE SIGNED (Mon	th, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	ery 1	HEI GH	TS AV	e	2/2	15

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BALTIMODE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, till

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	H		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN REG. NO.	E	
1	1. DECEDENT'S NAME (First, Middle, Last) GEORGE W.	WALKER	SR.			2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DAT		0149 m
	4. SOCIAL SECURITY NUMBER 212-16-5047	1 M 2 🗆 F		DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 10 06	Co	TINPLACE (State or Foreign unitry)
DIRECTOR	Se. FACILITY NAME (If not institution, give	Toel end number)	9	CRIVE TOWN O	WS V(L	LE Md	9c. COUNTY O	OEATH
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
- 5	MARYLAND A	NNE ARUNDE	L	CRO	WNSVILI	E		1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 821 MINER ROAL)		101	21032	2	10g. CITIZEN O	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 200	If yes, sp		HC ORIGIN? (Specify Yea n, Puerto Rican, etc.) /:	or No- 14. R/ 8/ S/	ACE — American Indian, lack, White, etc.
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo		16b. KIND OF BUS	SINESS/INDUSTR	1
MP	12	-	BAI	RBER		BAR	BER SH	OP
BE CO	17. FATNER'S NAME (First, Middle, Last) GEORGE WAI	KER			18. MOTHER'S NA MARY	W . HA	Surneme) INES	
0	190. INFORMANT'S NAME (Type/Print) GEORGE W. WALK	ER JR.				Noute Number, City or Tow		
	20s METNOD OF DISPOSITION 1/1/2 Burlel 2 Cremation B Ren 4 Donation 5 Other (Specify)	netery, cremetory or ERY	20c. LOCATION — City or Town, State PARKVILLE, MD.					
	21. SIGNATURE OF FUNDRAL SERVICE LI	L Kou	Imens	22. NAME AT RAYM 426	OND C.	FINK FUN WY.S.W.G	ERAL H LEN BU	OME 21061 RNIE MD
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	A CONSEQUENCE OF):	ve				Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	as contributing to death b	out not resulting in	the underlyin	g cause given in	Part I. 244, WAS AN PERFOI	RMEO?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO N/A
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATN (Ch	eck only one)		
YSI	1 VES 2 NO	1 Inpatient 2 ER/Outp	patient 3 DOA	Nursing Non		6 Other (Specify)		
	27. MANNER OF DEATN 1 Natural 6 Pending	28e. DATE OF INJURY (Month, Dey, Year)	26b. TIME		PURY AT DRK? YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec				26f. LOCATION (Street City or Town, State)		rel Floute Number,
COMPLETED	cond.	ICIAN: To the best of my know ER: On the basis of examination						se(e) and menner as stated.
BE	29b GIGNATURE AND TITLE OF CERTIFIE	De Pantau	0		290 SICENSE NUI	MBER 8	29d. DATA SIGN	Neto (Month, Day, Year)
٩	OF HAME AND ADDRESS OF PENSON W	TO COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type, P	3 G.1 D	DINGSA	VE AND	VAPOLI	s Mel 21401
	31. DATE FILE B. 0'9" 1990	JE. REGISTRAR'S SIGN			<i>y</i>			

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	YTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	DAY DIDECTION After this contribute has been signed by the otherwise shakings and completely filled
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Lest)	Wrights				DATE OF DEATH MONTH DA	YEAI	3. TIME OF DEATH 7:05 Am		
	4. SOCIAL SECURITY NUMBER unknown	1□₩2₺ # 85	YRS. MO	UNDER 1 YEAR	HOURS MIN.	(Month, Day, Year) 4/12/04	Со	RTHPLACE (State or Foreign unity) IOWA		
TOR	Se. FACILITY NAME (If not institution, give st Key Hospital RESIDENCE OF DECEDENT	reet and number)	96		n Location of DEAT Lmore City		.9c, COUNTY O	F DEATH		
DIRECTOR	10e. STATE 10b. COUNTY Maryland	,		timore	ION	-		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	10a. STREET AND NUMBER 4940 Eastern Ave	enue		101.	21224		10g. CITIZEN O	F WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe	ENDENT OF HISPANIC colfy Cuben, Mexican, 1 2 NO Specify:		В	ACE — American Indian, lack, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary 0-12)	CATION completed) Coffege (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re house	done during mos tired.)	N at of working	166. KIND OF BUS	SINESS/INDUSTR	Υ		
BE COM	17. FATHER'S NAME (First, Middle, Last) Unknown				16. MOTHER'S NAME	(First, Middle, Meiden	Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print) Key Hospital				nd Number or Rural Rou rn Avenue					
	20s. METHOD OF DISPOSITION 100 Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometer); crematory or other place) Sacred Heart Of Mary 1/9/90 Baltimore, Md									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WAITER DADROWS KI 1005 Dundalk AV						and Par lto, Md	k Fu. Chapel 21224		
	23. PART i. Enter the diseases, or cahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Dobable		enter the mo	de of dying, auch i	na cerdiec or reepi	ratory arrest,	Approximata interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other aignificent condition	d	t not resulting in t	he underlying	Cause Given in Pr	art I. 24s. WAS AN	AHTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	0 1. 1	e, and stage				PERFOR	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpet	tient 3 DOA	THER:	ACE OF DEATH (Check					
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	M 1 🗆 Y	RK? /ES 2 NO	ed. DESCRIBE HOW I	NJURY OCCURED			
0	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specifi	(y)	F. Lwd	Building	281. LOCATION (Street City or Town, State)		ral Route Number,		
COMPLET	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle						se(a) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	o cours executive of per	TH STEM OF CO.	-41	29c. LICENSE NUMB		12-	NED (Month, Day, Year) 8-90		
	KRIS E. KUHN	M.D.	4940 E	astem	Ave. Ba	Hinne, 1	n.D	21224.		
	FFR 19 1001	32 AEGISTRUM'S SIGNA	panoals							

Le restante de la la companya de la

death. Page 6 mg be camp by the hospital or at	funeral director, the 3- mould in detached for use	examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral interpretation of the boundary of the complete of the second section of the property of the	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examines must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law re	TO THE FUNERAL DIRECTOR: After this certificate has been be find within 22 hours after death with the State Dent of	IMPORTANT: If Item 28 is marked, or Item 23 sh

29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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BALTIMORE MARKLAND 21203-3146

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 2 DAY VEAD 08 BERTHA WASHINGTON 90 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In vrs lest hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPI ACE (State or Foreign DAYS HOURS 1 M 2 F 32 3842 89 YRS. 3 1900 Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2214 Whittier Baltimore Avenue RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION 10a. STATE 10h COUNTY 10d. INSIDE CITY Md. Baltimore MXYES 2 NO 10a STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2214 Whittier Avenue 21217 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuben, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Black BY 3 🔯 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Domestic Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Arthur Bailey Mary Bailev BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mamie Allen Whittier Avenue Balto., Md. 21217 36s. METHOD OF DISPOSITION

TX Burlel 2 Cremetion 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Arbutus Mem Park Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons ames d. motion 1701 Laurens St. Balto., Md. 23/DART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disesse or condition Such resulting in death) Miles CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 THING OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA 26a. DATE OF INJURY (Month, Day, Year) 27. MANNED OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 9 6 Could not be 4 Homicide COMPLET 29a. CERTIFIER

There and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

57

THE PERSON PROPERTY OF

EAD

1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OHMH-18 Rev 1/89

29d. DATE SIGNED (My In. 5 Year)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	AY YEAF	3. TIME OF DEATH
ANTHON	- 0555111	·			2-9-90		2:29AM M
217-68-2267	Ø M 2 □ F 34	YRS.	F UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/2/55	Coe	RTHPLACE (State or Foreign intry)
Johns Hopkins Hos				on LOCATION OF DE timore Ci		9c. COUNTY OF	DEATH
Do. STATE 10b. COUNTY			TOWN OR LOCA				10d, INSIDE CITY LIMITS? 1 V YES 2 NO
00. STREET AND NUMBER 1426 N. LINWOOD AV	ENUE			M. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No— 14. R/BI	CE — American Indian, ack, White, etc. ecity: BLACK
15. OECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	CON (nploted) (1-4 or 5+) 2 y r S	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during m retired.)	ON ost of working	166. KIND OF BUS	SINESS/INDUSTRY	
7. FATHER'S NAME (First, Middle, Lest) JOHN BLAKE				18. MOTHER'S NA	ME (First, Middle, Maiden WOOD		
90. INFORMANT'S NAME (Type/Print) JOHN BLAKE		and the same of the same		and Number or Rural I	Route Number, City or Tow	n, State, Zip Code)	21213
0e. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remove Dgattjon 5 Other (Specify)	I from State	A PLACE OF DISPOSE other place) OUNT CAL	TION (Name of ce	emetery, crematory or		E ARUND	Town, Slete
II. SIGNATURE OF FUNERAL SERVICE LICEN		TOONT CAL	-	INO ADDRESS OF FA		E AKUND	EL CO. MD
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF) A CONSEQUENCE OF)	:				
PART II. Other significant conditions of	contributing to death b	out not resulting in	the underlying	ng cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXX YES 2 \(\square\) NO
	IOSPITAL:		OTHER:	PLACE OF DEATH (Ch			
77. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Impatient **ER/Outg 28a. DATE OF INJURY (Month, Day, Year) 2 8 9 0 F	OUND 26b. TIME INJU	OF 28c. IN W	IJURY AT OHK? YES 2	28d. DESCRIBE HOW I		
3 Suicide Sould not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, at city) FOUND			281. LOCATION (Street 1426 N. Steen Maryland	inwood,	Baltimore (
98. CERTIFIER 1 CERTIFYING PHYSICIA					to the cause(s) and ma		se(s) and manner as stated.
SHE SHOWLETURE AND THESE OF CENTRALS	no			29c. LICENSE NUI	MBER		IED (Month, Day, Year)
FRANK PERETTI, MD	COMPLETED CAUSE OF DE			Street, B	Saltimore,N	D 21201	. \
1. DATE FILED (Month, Day, Year) FEB 1 2 1990	32. REGISTRAR'S SIGN	jandell					

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after death. Page 6 may be retained by the ID THE FUNEFAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept. of Heatth and Memai Hygiene prior to burial, cremation, or removal.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

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	IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	IRECTOR: After this certificate has been signed by the attending physician and completely filled was after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	
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1 - STATE REGISTRAR	SINIE UF	MAKTLAND /		FICATE			MENI	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH			3. TIME OF DEATH
Juanita	Thelma	RΔRR							8. 19	YEAR	3:02 A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER 1 Y	EAR IF UN	DER 24 HRS	s. 7. DA	TE OF BIRTH			PLACE (State or Foreign
217 07 1932	1 M 2 XF	70	YRS.		AYS NOUR	-	. (6	ct. 23,	1919	Country	ryland
9e. FACILITY NAME (If not institution, give		10									
					WN OR LOC SSVil		DEATH		9c. COUN		
Franklin Sq. Ho	ospital			IVO)55V11	те			Ba	ltim	ore
RESIDENCE OF DECEDENT 100, STATE 10b, COUNT	ry		10c CE	TY, TOWN OR	OCATION						10d, INSIDE CITY
Maryland Bal	Ltimore		I THE	ssex							LIMITS?
					T						1 YES 2 NO
10e. STREET AND NUMBER	5:				10f. ZIP C				10g. CITIZ		HAT COUNTRY?
1709 Turkey Po	oint Ra.				2	122]	1			US	SA.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Nover Merried	FORCES?	NT EVER IN U.S. AI 1 YES 2 WAR OR DATES		If y		ıban, Mex	xican, Puer	GIN? (Specify Yes to Ricen, etc.)	or No—	14. RACE Black, Specify	- American Indian, White, etc.
15. DECEDENT'S ED		16a. D	ECEDENT'S	S USUAL OCC	IPATION			16b. KIND OF BU	SINESS/IND	JSTRY	
(Specify only highest grad Elementary/Secondery (0-12)	College (1-4 or t	166	Give kind of le. Do NOT u	work done duri use retired.)	ng most of wo	rking					
7	Solleys (1-4 st	"	Asser	mbler				West	inghou	ıse	Aero spa
17. FATHER'S NAME (First, Middle, Las" Edward Berk	enkemper				16. M		NAME (Fin	et, Middle, Melden Hubbai			
19s. INFORMANT'S NAME (Type/Print)		11						umber, City or Tow			
Linda M. Sauers	, Daughte	er	9 5	Silver	naple	Ct.	Balt	co., Md.	2122	20	
20a, METHOD OF DISPOSITION 1 Depute 2 Cremetion 3 Res		-	OF DISP	DELTIPIN (No.)	emoria	Trette:	arder	ns 20c Lo	CATION — C	₩y or Tow	Md.
21. SIGNATURE OF FUNERAL SERVICE L	icenste /	/		22. NA	ME AND ADD	RESS OF	FACILITY				
Moun 7	Sundal	rolli						neral Ho			
Million 70	10			1	407 03	ld E	aster	n Ave.	Balt	to Mo	d. 21221
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b	O (OR AS A CONSE	EOUENCE (OF):							
PART II. Other significant condition	d	o deeth but not	resulting	j in the unde	riying caus	se given	in Part I	. 24a. WAS AN PERFO	RMED?	24b.	WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PLACE O	F DEATH	(Check only	y one)			
EXAMINER? 1 YES 2 X NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	Home 5	Register	100 B [] 0	ther (Specify)			
27, MANNER OF DEATH	28a. DATE C	F INJURY	26b. TI	-	ic. INJURY A		7	DESCRIBE HOW	INJURY OCC	URED	
1 Natural 5 Pending	(Month,	Day, Year)	10	NJURY	WORK?			and the second	With the last of the		
2 Accident Investigation		OF IN INDIV.	1				+-	OCATION CO.	and Million	0	harte Marenta
3 Suicide 6 Could not be 4 Homicide determined	buildin	OF INJURY — At h g, etc. (Specify)	rund, Mill	, atreet, rector)	, ornee		201. (OCATION (Street City or Town, State)	or muniti Al	oure Nurnoer,
nnol -	SICIAN: To the best	0	Acces 10								end manner as state
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25 SIGNATURE AND TITLE OF CENTIFE	11	UN	VI		27	LICENSE	NUMBER	5		_	(Month, Day, Year)
Daul W.	ulele	-tw	V	4:	J.	>5	t		1 2	-8	-90 032
30. NAME AND ADDRESS OF PERSON Was Paul Wieleb	inski, M		EM 27) (7/F	000 Fr	anklii	n Sq	uare	Dr., B	alto.	, Md	. 21237
FEB 12 1990	Pula Da	PAR'S SIGNADORE	delle								

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uneral di	be flied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not
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for use as the buriel-transit permit. Pages 1, 2, 3 should

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FOR

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	N BRUD	WER	2. DATE OF DEATH MONTH 2 947	90 SEAR 3. TIME OF DEATH
		6. SEX 6. AGE (In yrs. lest birthdey) F	UNDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	T. DATE OF BRITH (Moveh/Day Wear)	8. BIRTHPLACE (State or Foreign Country)
SR.	95. FACILITY NAME (If not institution, give street	et and number) 9b.	CITY, TOWN OR LOCATION OF DE	e Cety	BE. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEMENT	10c. CITY, TO	WIN OR LOCATION	0.4	10d. INSIDE CITY
	100. STREET AND NUMBER	<u> </u>	101, ZIP CODE	ely	1 FYES 2 NO
FUNERAL	600 degh	12. WAS DECEDENT EVER IN U.S. ARMED	3/33	10	U.S.a.
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 24 NO	If yes, specify Cuben, Mexica 1 YES 2 70 Specify	n, Puerto Rican, etc.)	r No— 14. RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		done during most of working	16b. KIND OF BUSIN	HESS/INDUSTRY
MPL	17. FATHER;S NAME (First, Aliddle, Linst)	tir. There	E Drever		
BE CC	Facter O	Brunner	Eds	ME (First, Middle, Melden St.	abell " as
TO E	19a. MFORMANT'S NAME (Type/Print),	Frinch 8 6	RESS (Travel and Number or Rural I	Route Number, City or Town,	State, Zip Code Opt. 7 201
-	20a. METHOD OF DISPOSITION 1 Defrial 2 Cremation 3 Remov	el from State	M (Name of complete) cremetary of	T De LOCA	TION City or Train, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE A	22-NAME AND ADDRESS OF FA	Merca	June 1
	4 Wheeler	Don	15016. 2n	taue.	31230 msk
		mplicetions that caused the death. Do not out only one cause on each line.	enter the mode of dying, suc	h aa cardiac or respira	Approximate interval Between Onset and Death
	disease or condition resulting in death)	CHRONIC OBSTRU	ACTIVE PULL	NONARY	
NO	Sequentially list conditions, b.	DUE TO (OR AS A CONSEQUENCE OF):			
ICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury				
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
CAL CI		contributing to death but not resulting in the		Part I. 24s. WAS AN AI PERFORM	
EDIC,	CORONARY HYPERTEN	ARTERY DISERS	E	1 □ YES 2	NO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	7707270	3, 0, 0			1 YES 2 NO
ICIA			26. PLACE OF DEATH (Ch		-
HYS	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3 DOA 4 E 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OI INJURY		28d. DESCRIBE HOW IN.	JURY OCCURED
ВУР	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY At home, farm, stree building, atc. (Specify)	t, factory, office	281. LOCATION (Street an City or Town, State)	d Number or Rural Route Number,
COMPLETED	Cornect Oray	AN: To the best of my knowledge, death occurred a . On the basis of examination end/or investigation, is			
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	MBER	29d. DATE SIGNED (Month, Day, Year)
TO BE	Tomlen	nd	D30-	272	12/12/90
-	7/2: 40 -	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri		RIVE BA	DESIS ON 071
	THOMAS S.	32 REGISTRAD'S SIGNATURE	113791VG 1070	000 1211	210 140 21250

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH Sabelle D M ione 51 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 177-10-2645 Penna. 1 - M 2V F .6-BL 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR tar. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Baltimore Perry Hall 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21236 USA 9524 Perry Hall Blvd 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, Whita, etc. 1 Never Married 2 Marrie Specify: White 1 YES 2 TO NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION secify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Housewife Homemaking 8 years 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Alice May Cleveland Holmes Pennebaker BE 19a INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 9 Lake Forest Court Baltimore, Md. 21236 Mrs. Josephine M. Keene 20s. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Joseph Church Cemetery Fullerton, Maryland 22. NAME AND ADDRESS OF FACILITY
Lassahn Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lassehn Home che 7401 Belair Rd. Balto., Md. 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List pnly one cause on each line Interval Between Onset and Death disease or condition ______ CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II, Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYRS 2 T YES 2 XNO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one **EXAMINER?** OTHER: 1 TES NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Homa 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 26b. TIME OF Natural м 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and menner as stated, 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated 296. SIGNATURE AND TITLE OF CERTIFIE 20c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Davidson

cremation, or in and completely fi to burial, cremation DIVISION OF VITAL RECORDS, P.O. BOX 13146, signed by the attending physician Health and Mental Hygiene prior to the death certificate be certificate has be h the State Dept. HOSPITAL OR ATTENDING PHYSICIAN; the this c After DIRECTOR; An hours after desired item 28 is n TO THE FUNERAL DIRECT
be filed within 72 hours at
IMPORTANT: If Item 2

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RE. MARYLAND 21203-3146

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RECTOR: After this certificate has been signed by the attending physician and completely filled in by, the fi	eath v	marl	
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E FUN	lled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	ORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MA		EPART					MENTA	L HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, William	CAL VIN	BARKER						2. DATE	of DEATH DAY 6		YEAR 90	3. TIME OF DEATH 7:00 a M
4. SOCIAL SECURITY NUMBER 224-24-7	5. SEX 6	AGE (In yrs. lest bi		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont	of BIRTH b, Day Mar) 1-17-23			PLACE (State or Foreign
Franklin Squ	9a. FACILITY NAME (II not institution, give street and number) Franklin Square Hospital					R LOCATI		EATH		Balt		re Co.
RESIDENCE OF DECEDEN	OUNTY		40. 00734									
Maryland	Baltimore		10c. CITY,	IOWN O		seda.	le			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 1225 Kendrick	Rd.				101.	ZIP COD	2 1 23	7		10g. CITIZEN OF WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Never Married						American Indian, c, White, etc.						
15. DECEDENT (Specify only highest Elementary/Secondary (0-12) 12th grade	S EDUCATION t grade completed) College (1-4 or 5+)	Ille. Do	DENT'S US kind of wo o NOT use	rk done o retired.)	furing mo	st of worldi	ng		Bethleh			
17. FATHER'S NAME (First, Middle, La Calvin C. Bar	ker						Ber	nice	Middle, Meiden S Young			
19a. INFORMANT'S NAME (Type/Print Mrs. Helen E.	Barker								more, I		^{Code)} 2123	37
20s. METHOD OF DISPOSITION 24- Burlel 2 Cremetion 3 C 4 Donation 5 Other (Specify		20b. PLACE OF other place	.1			rch (tery		ation — c timo		Maryland
21. SIGNATURE OF FUNERAL SERV	JUNUAL)	me		22. (Las		n Fu	nera	l Home	2.0		21236
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) e									interval Between Onset and Death		
resulting in death) LAST PART II. Other aignificant con	ddditions contributing to d	eath but not rea	ulting in	the un	derlying	g ceuse	given in	Part i.	24a, WAS AN / PERFORI	MED?	246	WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO
25. WAS CASE REFERRED TO MEDI- EXAMINER?						ACE OF C	DEATH (Ch	neck only o	ne)			
1 TES 2 NO	HOSPITAL:	R/Outpatient 3		OTHER		• 5 ER	esidence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 1 Partial 5 Pending			28b. TIME INJU	OF RY M		URY AT RK? YES 2 [□ NO	26d. DE	SCRIBE HOW IN	JURY OCC	URED	
2 Accident investig 3 Suicide 6 Could r 4 Homicide detarmi	26a. PLACE OF building, et	INJURY — At home c. (Specify)	o, farm, sti	reet, fact	ory, offic	•			CATION (Street as or Town, State)	nd Number	or Rural i	Route Number,
(Criscit Orlin)	PHYSICIAN: To the best of m											a) and manner as stated.
296. SIGNATURE AND TITLE OF CE	HTMAN AND AND AND AND AND AND AND AND AND A	VIM)			29c. LIC	ENSE NU	MBER 7	7	29d. DATE	SIGNED	Morth, Day Near)
Louis Semenof		1			alt:	imor	e. M	arvl	and (6	686-5	237)
31. DATE FILED (Month, Day, Year) FEB 1 2 1990	gula Davidos						,	-0-			- 1	,

BALTIMORE, MARYLAND 21203-3146	mours after dear the comment of the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the furner of the certificate has been signed by the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnal be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH MONTH DAY

	FOR STATE OF MARYLAND STATE OF MARYLAND C	/ DEPARTME			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Linst) HETLEN E. BARKER				2. DATE OF DEATH		3. TIME OF DEATH 3:15A M		
	4. SOCIAL SECURITY NUMBER 21.4-24-24.54 1 □ M 2.1€NF 70	6. AGE (In yrs. lest birthdey) FUNDER 1 YEAR FUNDER 24 HR				7. DATE OF BIRTH (Month, Day, Year) 5-21-19 8. BIRTHPLACE (State			
OR	9a. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital	anklin Square Hospital Rossville							
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Baltimore	imore 10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
ERAL	100. STREET AND NUMBER 1225 Kendrick Rd.					237 USA			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3CM Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES		If yes, spe		IC ORIGIN? (Specify Ye n, Puarto Rican, etc.)	rea or No- 14. RACE - American Indian, Black, White, etc. Specify: White			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)					TRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) William Ernest Weinreich			16. MOTHER'S NAI Mari 6	ME (First, Middle, Meider McKinney	n Sumame)			
TO B	William C. Barker, Jr.	1121 V	anguar	d Way Aj	ot. L Bels	ir, M	d. 21014		
	↑↑ Burial 2 Cremation 3 Removal from State other 4 Donation 5 Other (Specify)		Baltimore, Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home 7401 Belair Rd. 21236								
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory strest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but no	, cause given in		N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 700				
IAN:	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Ch	eck only one)				
IYSIC	EXAMINER? 1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 27. MANNER OF DEATH 28e. DATE OF INJURY		HER: Nursing Hom 28c, INJ		ica 6 🗆 Other (Specify)				
ВУ РН	1 "Natural 5 Pending (Month, Day, Year)	INJURY		RK?	28d. DESCRIBE HOW INJURY OCCURED 0				
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basis of examination and/								
BE	SHORAPURE AND TITLE OF CERTIFIER	X/N) .	29c. LICENSE NUI	WBER 32	29d. DATE 8	SIONED (Month, Day, Year)		
10		TEM 27) (Type, Print	Balto.	, Md. (6	86-5237)				
	31. DATE BLED (Monin, Day, 1907) 32. REGISTRAR'S SIGNATURE FEB 12 1990 GLEN DEVILOR	486							

FÖR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Lest)	1. DECEDENT'S NAME (First, Middle, Lest) Clara B, Brodsky 2. DATE OF DEATH MONTH DAY DAY 02 06 90							30 A	
4. SOCIAL SECURITY NUMBER 219-22-29.76A	Month Bay Yearla Country							Foreign	
90. FACILITY NAME (If not institution, give Francis Scott A RESIDENCE OF DECEDENT	ery Med. Can	ter	Belle	PROCESSION OF DE	MD,	9c. COUNTY	OF DEATH		
10a. STATE 10b. COUNT	ford		allsto				10d. INSIDE CI LIMITS? 1 YES 2		
1605 Bela	or Rd,		101	2104°	7	10g. CITIZEI	OF WHAT COUNTRY	7	
11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexican 2 NO Specify	n, Puarto Rican, el		RACE — American in Black, White, etc. Specify:		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) O years 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWITE 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWITE									
17. FATHER'S NAME (First, Middle, Last) Ferdinand Ridge	ley			16. MOTHER'S NAI		elle Day			
190. INFORMANT'S NAME (Type/Print) Frank M. Brodsk	У					or Town, State, Zip Co Maryland			
208. METHOD OF DISPOSITION XLO Burlel 2 Cremetion 3 Res 4 Donation 6 Other (Specify)	movel from State	other place) Lake	on (Name of cer	motory, cromatory or emetery	2	oc. LOCATION — CH Baltimor	e, Maryla	nd	
21. SIGNATURE OF FUNERAL SERVICE L	uwul Hon	ne Dre.		esann Fui		ome	21236		
23. PART I/Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on a		enter the mo	de of dying, aucl	h as cardiac or	respiratory arres	Intarval	imate Batween and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events D. Diabetes wellists. DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH? 1 YES 2 NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_ 0	THER:	LACE OF DEATH (Ch					
1 VES 2 NO 1 Pringetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) M 1 VES 2 NO 28d. DESCRIBE HOW INJURY OCCURED INJURY MORK? M 1 VES 2 NO									
2 Accident Investigation 3 Suicide 6 Could not be determined	26a, PLACE OF INJUR	Y — At home, farm, atre	eat, factory, offic		261. LOCATION (City or Town	Street and Number or , State)	Rural Route Number,		
CONSCR UNITY	SICIAN: To the best of my knowner: On the basis of examination							e stated.	
296. SIGNATURE AND TITLE OF CERTIFIE Warner D. Ka	ER ROME),		D 38	737		IGNED (Month, Day, Ye)		
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	rint)	c + 115	Wa 5 -	- 1	ROF A	10200	

be detached for use as the burlal-transit permit, Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the huneral directions are detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examines must be notified at once.

YLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-t6 Rev t/89

DHMH-18 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MARYLA			OF HEALTH		NTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Edith Irene Broadway					2. DATE OF DEATH 3. TIME OF DEATH				
	Irene	Broadway					February 9, 1990 11:45				
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)		YEAR IF UNDER 2	14 HRS. 7. MIN.	DATE OF BIRTH (Month, Days Year)	15	BIRTHPLAC	Carolin	
	153-18-0606 9a. FACILITY NAME (If not institution, give s	1 DM 2XDF 74	YRS.								
œ					OWN OR LOCATIO			9c. COUNT	Y OF DEATH		
8	Maryland General	al Hospital		Balt	imore C	ity					
DIRECTOR	Maryland 106. COUNT	106. COUNTY 106. CITY, TOWN OR LOCATION Baltimore							10d. INSIDE CITY X LIMITS? 1 YES 2 NO		
	10e. STREET AND NUMBER	101. ZIP CODE						1 YES			
FUNERAL	1104 Argyle Av								COUNTRY?		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.SVARMED		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify)				us A be or No.— 14. RACE — American Indian,		
	1 Never Merried 2 Merried	FORCES? 1 YES			If yes, specify Cuban, Mexicen, Puarto Rican, etc.] 1 YES 2 YNO Specify:				Black, Wh Specify:	ite, etc.	
D BY	3 🕅 Widowed 4 🗌 Divorced								Blac	k	
E	15. DECEDENT'S EDU (Specify only highest grade	e completed)	(Give kind of life, Do NOT s	work done du	UPATION ring most of working	7	16b. KINO OF BU	SINESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		,							
S O N	17. FATHER'S NAME (First, Middle, Last) INOMAS E. GUI				18. МОТН	ER'S NAME	(Flat, Middle, Meiden	Sumame)			
BEC	inomas L. Gui	TH.			1	-			1	7103	
0	19a. INFORMANT'S NAME (Type/Print) Helen Gunn		196. MAJLIN	G ADDRESS	Street and Number of	or Aural Roys	Number City or Tow 1 Harry	n, State, Zip C	Code)	ennsylva	
										-	
	20a, METHOD OF DISPOSITION 1 - Burlel 2 - Cremation 3 - Rem	noval from State	other place)	SITION (Name	C am a t a	atory or		CATION - C			
	1 & Burtel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1 & Burtel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 22. NXME AND ADDRESS OF FACILITY 638 N. Gilmor 3										
	Marshall P. Hayes F/H Baltimore, Md										
	23. PART I. Enter the diseases, or	complications that caused	the death. Do						2	Approximate	
	shock, or heart fellure.	List only one ceuse on ee				igi sacii s	o coraioc or roop	natory arro	-	interval Between Onset and Death	
	iMMEDIATE CAUSE (Fine) disease or condition	RUPEU	sholw	n M7/	SOR	1501	SE	PSIS	i	0.1501 0.15 000111	
	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE	OF):	- Col)				
Z	Sequentially list conditions b. GANGRENOUS SIGMOID COLON										
E	Sequentielly liet conditions, if any, leading to immediate cause, Enter UNDERLYING										
FIC	CAUSE (Disease or Injury that Initiated events Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST	ia.		•							
	DADT II Other classificant condition	no contribution to death by		to the second	- fotologic access as	from the first	a. I a				
8	PART II. Other significent condition	aditions contributing to death but not resulting in the underlying cause given in Part I.					PERFORMED? AMAILA			RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE	
MEDICAL							_ 1 _ YES :	Σ NO X	OF	DEATH?	
2							-		1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	T			26. PLACE OF DE	ATH (Check	only one)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Output	etlent 3 🗆 DOA	OTHER:		152 Sec. 15					
Ŧ	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TI	ME OF 2	8c. INJURY AT		d. DESCRIBE HOW	INJURY OCC	JRED		
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WORK? M 1 YES 2 NO									
	3 Suicide 6 Could not be	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State)								Number,	
COMPLETED											
P P	forest and	SICIAN: To the best of my knowl									
8	MEDICAL EXAMIN	ER: On the bests of examination	and/or investigat	ion, in my op	Inion, death occur	ed at the tim	e, date and place, ar	nd due to the	ceuse(e) and	I manner as stated.	
BE	296. SIGNATURE AND TITLE OF CENTY IS	II V	1		29c. LICE	NSE NUMBE	Я	29d. DATE	SIGNED (Mo	nth, Day, Year)	
10	SE NAME AND ADRIESS OF PERSON WE	HI COMPLEYED CALLED OF CO.	ATH STPM CT	Dw-11	N	/A		Fel	oruary	9.1990	
							1001				
	Robert Wagner 8	32. REGISTRAR'S SIGNA	ATURE	timore	e, Maryl	and 2	1201				
	FEB 1 2 1990 4	relia Deviden Bon	dall								

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Las)				2. DATE O	F DEATH		3. TIME OF DEATH		
MARGARET	ANNA	BRINKLE	ĽΥ		MONTH OQ	OG	TOP	1.15 A M		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		8. BIRT	HPLACE (State or Foreign		
229-07-5360	1 🗆 M 2 🂢 F	68 YRS.	IONTHS DAYS	HOURS MIN.		19-192		"Virginia		
e. FACILITY NAME (If not institution, give	street end number)	2.9	96. CITY, TOWN	OR LOCATION OF E	DEATH					
Good Samarita	n Hospita		Bal	timore	City					
Maryland 106. COUN	Baltimore		arkvi					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
1621 Wycliffe	Avenue		1	01. ZIP CODE 21234	Į.	10g	U.S	what country? . A.		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	CENDENT OF HISP/ specify Cuben, Mexic S 2 200 Spec	an, Puerto Ric		14. RAC Ble Spe	CE — American Indien, ck, White, etc. city: White					
15. DECEDENT'S EL (Specify only highest gra		16a. DECEDENT'S U	SUAL OCCUPAT	TION	16b. I	UND OF BUSINES	S/INDUSTRY	740		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	lost of working						
unknown		School	Bus	Attenda	int	Count	y Go	v't		
. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S N	AME (First, Mi	ddle, Meiden Surna	me)			
Robert P. Kea	ating, Sr.			Mary	E. 5	Sill				
e. :NFORMANT'S NAME (Type/Print)		19b. MAILINO A	ADDRESS (Street	end Number or Rura	l Route Numbe	r, City or Town, Stel	te, Zip Code)			
Robert M. Bri	nkley	1621	Wycl	iffe Av	renue	, Balt:	imore	, MD 21234		
DeviETHOD OF DISPOSITION Surlel 2 Cremation 3 Re Donation 5 Dither (Specify)	movel from State	nob. PLACE OF DISPOSITION Of The College)	TION (Name of a	emetery, cremetory or morial	2/9/9	20c. LOCATIO	h — City or T	re, MD		
harl B	Lish	1	Duda	-Ruck F Wise A	uner			Dundalk, I e, MD 212		
23. PART I. Enter the diseesea, o	r complications that cau	the deeth. Do no						Approximata		
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. SEP	TIC SH	ock					Interval Between Onset and Death		
Sequentially list conditions, farry, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events esuiting in death) LAST	a LIVEY	R ABSCE 8 A CONSEQUENCE OF) 1 E RENC 8 A CONSEQUENCE OF)	egee	4 LI ALORE	1	ALLU	RE.			
PART II. Other algorificant condition. • RESPIRO • SEIZUE		LURE.	the underlyl	ng cause given i		PERFORMED:	7	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
S. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	Check only one	1				
EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	me 5 🗆 Residence						
7. MANNER OF DEATH	26e, DATE OF INJUR	Y 28b. TIME	OF 26c. II	NJURY AT	_	RIBE HOW INJUR	Y OCCURED			
1 Natural 6 Pending Investigation			M 1	YES 2 NO	55111445					
3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, at pecify)	reet, factory, of	rice		TION (Street end N. Town, State)	umber or Rura	I Houte Number,		
COROCK OTHY	YSICIAN: To the best of my kr NER: On the basis of examina							o(s) and menner as stated.		
296. SIGNATURE AND TITLE OF CERTIF	16	MERH	1	29c. LICENSE N	UMBER	290	DATE SIGNE	(Month, Day, Year)		
O. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	11	1	0 1	1, -			
PRADIP SHAT	D a.m. L	and Sam	JOUR RO	M HOS	pila	, 1301	HMC	. CM. 950		

THE FUNEAL DIRECTOR, After this carbon and the death certificate be executed with a flow after the flow of the hospital or attending physician.

TO THE FUNEAL DIRECTOR, After this carbon and be able to the state before the state begins a first object of the state begins the state begins the state begins the state begins the state begins the state begins and Mental Mygher prior to brinal, cremation, or removal.

MAPORTANT: If Item 28 is marked on item 23 observed that and Mental Mygher prior to brinal, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FILED (MORITA

12 1990

DHMH-16 Rev 1/89

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIMIE UF R		ICATE O	DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH				
Š	EDGAR C	ARROL	LL			02 - 03		4 40 PM				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign (ry)				
	215-05-5886	1 XM 2 □ F	8 9 YRS.	MONTHS DATE	HOURS MIN.	08-18-19	00 .	mD.				
	9a. FACILITY NAME (If not institution, give				OR LOCATION OF D		9c. COUNTY OF					
5	ARONDEL GERIATIC NUVSING HOMEGLEN BURNIE A.A.											
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v .	. 10c CT	TY, TOWN OR LOC	ATION			10d. INSIDE CITY				
5	mx Ai	un de	1	ilen	Burne	9		LIMITS?				
ALL	10e. STREET AND NUMBER	unac			IOI. ZIP CODE		10a CITIZEN OF	WHAT COUNTRY?				
2	1	venue			2106	1	1151	7				
מאס	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No 14. RAC	CE — American Indian, ck, Whita, etc.				
7	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1			specify Cuban, Mexico ES 2 NO Specif	an, Puarto Rican, atc.) y:		ck, Whita, etc. City: BLACK				
2	15. DECEDENT'S EDU		16a. DECEDENT'S			16b, KIND OF BUS	INESS/INDUSTRY					
COMPLE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8	#) We. Do NOT L	- 0	nost or working	1000	2000					
1			RET	IRED		LABO	REK					
5	17. FATHER'S NAME (First, Middle, Last)	10000				AME (First, Middle, Maiden S						
מכו	JOHN H.	ARROL	22		GER	TRUDE	JACK	SON				
	19a. INFORMANT'S NAME (Type/Print)	Onale =		G ADDRESS (Street		Route Number, City or Town	-					
		PARKE	1203	//*"	AVEN		161)					
	20a, METHOD OF DISPOSITION 150 Burlel 2 Cremation 3 Rem 4 Donetion 3 Other (Specify)	oval from State	20b. PLACE OF DISPO	A VAR	Y CEME	agent made a large	LTO , A	Town, State 1 D				
	21. SIGNATURE OF FUNERAL, SERVICE LI	CENSEE		22. NAME	AND ADDRESS OF FA	CILITY	יים לי גר	1111 - 42				
170	Kimi	Mark	· Jones	Rom	m. Things	son F.H. F	, O. Box	4433				
	23. PART I. Enter the diseases, or	complications the	at caused the deeth. Do	not enter the	node of dving, suc	ch sa cardisc or respi	ratory arrest.	Approximata				
	shock, or heart feilure.			0	1.15	1	5	interval Between Onset and Death				
H	iMMEDIATE CAUSE (Fine) disease or condition	()	1. (0)	tay	400	4 9/10	MACS	Chiast and Death				
	resulting in death)	DUE TO	OR AS A CONSEQUENCE	pF):	10	110	10					
-			Clery	N /	1 Let	15AQ14						
HILLICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO	O (OR AS A CONSEQUENCE	OF):								
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
	that initiated events	DUE TO	O (OR AS A CONSEQUENCE	OF):								
	reaulting in death) LAST	d	12									
7	PART II. Other significant condition	na pontributing to	death but not resulting	in the underly	ing ceuse given in	Part I. 24e. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS				
5	1000		-/// S H			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MUD	1					1 YES 2	MO NO	OF DEATH?				
						_		1 YES 2 NO				
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL			/ 26	PLACE OF OEATN (C	heck only one)						
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpetlant 3 ☐ DOA	OTHER:	ome 6 Residence							
E	27. MANNER OF DEATH	26a, DATE O	F INJURY 28b. TI	_	INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCUREO					
-	1 Natural 6 Pending	(monn,	Day, rear)		YES 2 NO							
	2 Accident suicide 8 Could not be	28e. PLACE (OF INJURY — At home, farm , etc. (Specify)	, street, factory, o	ffice	28f. LOCATION (Street & City or Town, State)	and Number or Rum	I Route Number,				
COMPLEIEU	4 Homicide determined					,						
ä	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	of my knowledge, death occur	rred at the time, o	ate and place, and du	e to the cause(a) and men	nner as stated,					
Ē	0001	ER: On the basis of	examination end/or investigat	tion, in my opinio	, death occured at th	e time, deta and place, an	d due to the cause	e(a) and menner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIF	RV	Del Mi	. 1	29c, LICENSE NU	HyBER (C)	29d. DATE SIGNI	ED (Mogtif, Day, Year)				
0 0		ruge	100, 100	· t.	12-1	9598	D 25	5/90				
-	30. NAME AND ADDRESS OF PERSON W	COA	USE OF DEATH (ITEM 27) (Typ	W, A			7					
1	31. DATE FILED (APREL 12/19	90 2 July	AND SIGNATURE PRINTER	ec.								

SALTIMORE, MARYLAND 21203-3146	- NOURS WE WANTED TO MAKE THE PROPERTY OF ATTENDING Physician.	ited in by human acctor, page 5 should be detached for use as the burial-transit permit. Pag. 6. or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 mouns with the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely figled in by hours maken a second for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remain.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	ROY 0. COOPER 02 08 90 0915 M											
	4. SOCIAL SECURITY NUMBER 5. SE	S AGE (In w	rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign				
		M 2 □ F 72		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9/20/17	(Country) Ky.				
	9a. FACILITY NAME (If not institution, give street and			Sh. CITY TOWN O	R LOCATION OF DEA		9c, COUNTY	•				
Œ	St. Agnes Hospital	, , , , , , , , , , , , , , , , , , , ,			imore		J &C. 0001111	OI DEATH				
DIRECTOR	RESIDENCE OF DECEDENT											
H	10a, STATE 10b, COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY LIMITS?				
	Maryland Baltim	ore	L	ansdown	e			1 YES 2 NO				
AR.	10e. STREET AND NUMBER			101.	ZIP CODE		1117	OF WHAT COUNTRY?				
FUNERAL	2211 Gaylawn Drive				21227			S.A.				
5	1 Naver Married 2 X Married FO	AS DECEDENT EVER IN U.S PRCES? 1 YES 2	NO	13. WAS DEC	ENDENT OF HISPANIC	C ORIGIN? (Specify Y Puerto Rican, etc.)	ea or No— 14.	RACE — American Indian, Black, White, etc.				
BY	3 Widowed 4 Divorced	YES, GIVE WAR OR DATE:	8	1 TES	2 NO Specify:	and the second		Specify: White				
	15. DECEDENT'S EDUCATION	16	a. DECEDENT'S II	SUAL OCCUPATION	ter terminal	18h KIND OF B	USINESS/INDUST					
ETED	(Specify only highest grade complete Elementary/Secondary (0-12) Colle	ed) ge (1-4 or 5+)	(Give kind of wo	ork done during mod retired.)	st of working	1000 0000	OSINESS/INDOS/	nr				
7	12th grade	ge (1-4 or 5+)	Electr	ician		Beth	. Steel	Corp.				
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maide						
BE C	Arthur Cooper				Rhoda I	Barton						
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street e	nd Number or Rural Ro	wn, State, Zip Coo	le)					
5	Georgia D. Cooper	2211	Gay1awn	Drive I	Lansdowne	, Maryl	and 21227					
	20a. METHOD OF DISPOSITION ☐ Burlal 2 ☐ Cremation 3 ☐ Removal fro	20b. PL	ACE OF DISPOSIT	TION (Name of cen	netery, crematory or	20c. L	OCATION — City	or Town, Stata				
	4 Donation 5 Other (Specify)		e Memor	ial Park	E	Elkrdige, Maryland						
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE			D ADDRESS OF FAC		~						
	Heis C. Sm	A			rd Funera Wilkens A			Md. 21229				
	23. PART i. Enter the diseases, or complic	cations that coused th	e death. Do no	ot enter the mo	de of dying, auch	ae cerdiec or ree	piratory arrest.	Approximate				
	shock, or heart feilure. List on IMMEDIATE CAUSE (Finel	ily ons cause on each	line.					interval Between Onset and Death				
	disease or condition	2012	- T	- + 1	P. Kark	100		1 7 /-				
	disease or condition resulting in death) s. Wrin ary Tract Interview Innermania 3 days DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, b. Metastatic Holeno Cancer 16me											
2	Metachatic Holono Concer 16											
CERTIFICATION	If any, leading to immediate											
2	cause. Enter UNDERLYING CAUSE (Disease or Injury					·						
#	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):	;								
5	d											
	PART II. Other significent conditions cont	ulbridge as devale has			M ALITTOPPON	A41 1177 1177 1177 1177 1177 1177 1177 1						
		ributing to death but	not remarking in	the underlying	cause given in F			24b. WERE AUTOPSY FINDINGS				
2	Aspestance	nouting to death but	not read thing in	the underlying	cause given in F	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC	44 4 4	mouting to death but	not regarding wi	the underlying	cause given in F		ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
V: MEDICAL	44 4 4	mouting to death but	Total line with the second	the underlying	g cause given in F	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
	As Bestasis Cell Pell 25. WAS CASE REFERRED TO MEDICAL	noung to death but	Total dailing in		ace of DEATH (Chec	PERFO	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
	A Shes to 30's Cell Pell 25. WAS CASE REFERRED TO MEDICAL EXAMINER? WOS	PITAL:		26. PL	ACE OF DEATH (Chec	PERFO	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	PITAL: spetient 2 = ER/Outpetie	ont 3 DOA 26b. TIME	28. PL OTHER: 4 Nursing Hom OF 28c. INJ	ACE OF DEATH (Chec	PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17 In 27. MANNER OF DEATH Netural 5 Pending	PITAL: petient 2 □ ER/Outpatie	nt 3 DOA	26. PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO	ACE OF DEATH (Chec	PERFO	PRMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	PITAL: patient 2 = ER/Outpatie 8e. DATE OF INJURY (Month, Day, Year) 8e. PLACE OF INJURY —	ont 3 DOA	28. PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO 1 1	ACE OF DEATH (Chec	PERFO 1 VES 1 VES 1 Other (Specify) 28d. DESCRIBE HOW	PRMED? 2 NO I INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17 In 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	PITAL: spatient 2 □ ER/Outpatie de. DATE OF INJURY (Month, Day, Year)	ont 3 DOA	28. PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO 1 1	ACE OF DEATH (Chec	PERFO	PRMED? 2 NO I INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	SPITAL: patient 2 = ER/Outpatie Ge. DATE OF INJURY (Month, Day, Year) Se. PLACE OF INJURY — building, etc. (Specify)	26b. TIME INJU	26. PL OTHER: 4 Nursing Hom OF 28c. INJ WO 1 N	ACE OF DEATH (Check 5	PERFO 1 VES 1 VES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State)	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 12. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	SPITAL: spetient 2 = ER/Outpatie de. DATE OF INJURY (Month, Day, Year) de. PLACE OF INJURY — building, etc. (Specify) of the best of my knowleds	28b. TIME INJU	28. PL OTHER: 4 Nursing Hom OF 28c. INJ WO 1 Nursing Hom Test, factory, office	ACE OF DEATH (Check 5	PERFORM 1 VES 1 VES 1 VES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Steet INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ED Bural Route Number,					
COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	SPITAL: spetient 2 = ER/Outpatie de. DATE OF INJURY (Month, Day, Year) de. PLACE OF INJURY — building, etc. (Specify) of the best of my knowleds	28b. TIME INJU	28. PL OTHER: 4 Nursing Hom OF 28c. INJ WO 1 Nursing Hom Test, factory, office	ACE OF DEATH (Chec	PERFO 1 VES Other (Specify) 28d. DESCRIBE HOW City or Town, State o the cause(a) and ri	PRMED? 2 NO 2 NO 2 INJURY OCCUR 4 and Number or F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO For a second of the control of the				
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remined by the hospital or attending physician.	protoc page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	a notified at once.
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OSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Plus at may a manned by the hospital or atte	FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral within 72 hours after death with the State Deot, of Health and Mental Hotelene prior to burfal, cremation, or removal.	shows any injury, or other traumatic event, ti

BALTINORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITA
TO THE FUNERA
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IMPORTANT: II

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31. DATE FILED W

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAT'S SIGNATURES

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH CHAMB 8125 577 MELVIN 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign SC. COUNTY OF DEATH 368 68 RS. DAYS HOURS 1 M 2 - F 219 05 8120 20 9e. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH Bultome University of Ma University Mayland cit DIRECTOR 10a, STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND 1 VES 2 NO BALTIMORE FUNERAL 10e, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1723 EDMONDSON AVENUE 21223 OF 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexicon, Puarto Rican, etc.) 14. RACE — American Indien, Black, White, atc. 2 NO 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES WW II 1 TYES 2 NO Specify: Specify: BY 3 Widowed 4 Olvorced 10/17/45 9/8/43 BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16h KINO OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) 0-12 CLERK FURNITURE & APPLIANCE CO. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) EDWARD WARD **CHAMBERS** MURIEL STANTON SMITH BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. ALVERTA T. CHAMBERS (WIFE) 1723 EDMONDSON AVENUE BALTIMORE MARYLAND 21223 20a. METHOD OF DISPOSITION

(C)(Burlel 2 | Cremellon 3 | Removal from State 20b. PLACE OF OISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State ARBUTUS MEMORIAL PARK 2/15/90 BALTIMORE, MD. BALTO. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 21215-6393 Inn 4517 PARK HEIGHTS AVE. BALTIMORE MARYLAND 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory strest, shock, or heart failure. List only one cause on each line. Approximeta Interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition_ DOSSIYL resulting in deeth) OUE TO (OR AS A CONSEQUENCE OF) artu Connon CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL 24s. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 TES 2 NO 4 - Nursing Home 6 - Residence 8 - Other (Specify) 27. MANNER OF OEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO 28b. TIME OF INJURY 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, lerm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 🗌 Sulcide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dele end place, end due to the cause(s) end menner as stated. 29e. CERTIFIER 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day. Year) an MD BE 20

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	FOR 1 - STATE REGISTRAR	STATE OF MAR				OF HE			MENTA	L HYGIEN	_				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF		
j	Mary J. C	Cramer		Kai					Fe		19	0	3:0	: A	M
	4. SOCIAL SECURITY NUMBER	140	GE (In yrs. lest		IF UNDER		IF UNDER	24 HRS. MIN.	7, DATE (Mon	OF BIRTN		S. BIRTI	HPLACE (State	or Foreign	
	219-26-9024	1 M 2 1 F	52	2 YRS.					_	1/15/				Md.	
_	9e. FACILITY NAME (If not institution, give st			1		, TOWN OR					9c. COU	NTY OF	DEATN		
DIRECTOR	Francis Scott	Key Med.C	<u>Center</u>		Ba	1tim	ore	Ci	ty,	Md					
E C	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION									10d. INSIDI	CITY	
临	Maryland			Bal	ltim	nore	. Ma	arv1	Land	ł			1 XYES		
A P	100. STREET AND NUMBER Apt.	#2					ZIP CODE				10g. CIT	IZEN OF	WHAT COUN	TRY?	
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5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 1								N? (Specify Yes Rican, etc.)	or No—	14. RAC Blac	E — America	n Indian,	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR O	OR DATES			1 TYES 2				1110011, 0101,		Spec	offy:		
	15. DECEDENT'S EDUC	CATION	16a DEC	FRENTIE	IISHAL O	CCUPATION			16	b. KIND OF BUS	INFRC/IN	77.6	nite		
	(Specify only highest grade Elamentary/Secondary (0-12)		(Giv life. i	e kind of v Do NOT us	vork done e retired.)	during most	of workin	g	"	b. KIND OF BO.	31141130/114	DOSTRI			
12	Unknown	College (I-4 or 5+)	Wa	itre	ess					Restu	ıran	t			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	NER'S NA	ME (First,	Middle, Malden					
ш	George Corbin						V	iole	etta	a U	Jnk.				
<u>B</u>	19e. INFORMANT'S NAME (Type/Print)						d Number	or Rural I	Route Nun	nber, City or Tow					
F	David Cramer								. I	Baltin				2.4	
	20e, METNOD OF DISPOSITION 1 ↑ Burlel 2 □ Cremetion 3 □ Remo	oval from Stata	20b. PLACE O	ce)			,,	,		20c. LO	CATION —	City or T	own, State		
	4 Donation 5 Other (Specify)		0a	kla	wn (Ceme	ter	<u>y</u>		Ba	alti	mor	e Coi	inty	
	21. SIGNATURE OF FUNERAL SERVICE IC	ENSEE	IA.		²² .	lorai	1-As	shto	on F	unera	1 на	me			
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	23. PART I. Enter the diaeases, or of shock, or heart fellure.			eth. Do r	not enter	r the mod	e of dyl	Ing, suc	h as ca	rdiac or resp	iratory a	rrest,		roximate	เอก
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	diseese or condition resulting in deeth)	· Cas	diopu	lma	nan	, to	2.1	~ L					m	inute	-
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트	CAUSE (Disease or Injury that initiated events	be .	AS A CONSEO			-									
CERTIFICATION	resulting in deeth) LAST	a. Itemorr	hage										de	41	
1 - 1	PART II. Other significent condition	is contributing to dee	th but not re	sulting	In the u	nderlying	Ceuse (given in	Part I.	24a. WAS AN		24	b. WERE AUTO		IGS
MEDICAL										PERFOI				N DF CAUS	E
묘		_								1 120	70110		OF DEATH?		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF D	EATH (Ch	eck only	one)					
Sign	EXAMINER?	HOSPITAL: 1/☐ Inpatient 2 ☐ ER	/Outpatient 3	□ DOA	4 Nu	R: rsing Nome	5 🗆 R	peldence	8 🗆 Ott	er (Specify)					
РНҮ	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Y		28b. TIM	IE OF JURY	28c. INJU WOR			28d. Di	SCRIBE NOW	NJURY O	CCURED			
BY	1 Natural 5 Pending 2 Accident Investigation				М		ES 2 [NO NO						_	
8	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF IN building, etc.	JURY — At hor (Specify)	ne, farm,	street, fac	ctory, office				CATION (Street y or Town, State,		er or Runai	Route Numbe	ν;	
COMPLET	296. CERTIFIER (Check only 1) CERTIFYING PNYST														
Š	000) 2 MEDICAL EXAMINE	R: On the beele of axami	nation and/or is	nveatigatio	on, In my	opinion, de	ath occu	red at the	time, da	te and place, er	nd due to	the cause	(e) and menn	er se state	l.
BE 0	29b. SIGNATURE AND TITLE OF CERTIFIE						29c, LICI	ENSE NUI	MBER		29d. DA	TE SIGNE	D (Month, De	(, Ybar)	
2	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE O	DE DEATH (ITEM	1 27) /7	Print)		113				P 24	77/	190		_

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32. REGISTRAR'S SIGNATURE
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31. DATE FILED (Month, Day, Yoar)

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Ened by the hospital or attending physician. should be detached for use as the burial-transit permit. Pages 1, 2, 3 should E. WARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25. Lors after earth. F TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last) Anthony	Roy	Dangerfi	eld	2. DATE WONT Febr	of DEATH BAY	1990	3. TIME OF DEATH 5:15 P M					
	4. SOCIAL SECURITY NUMBER 579-22-8723	1 🛣 M 2 🗆 F 9 €	YRS. MONT		M. Oct.	OF BIRTH h, Day, Year)	895	NRTHPLACE (State or Foreign Journey) Virginia					
OR	90. FACILITY NAME (If not institution, give si Presidential Wood		1 1000	Adelphi, Ma									
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Wash., DC	1		on Location				10d. INSIDE CITY LIMITS? 1 XYES 2 NO					
RAL	10s. STREET AND NUMBER	David N.C. (101. ZIP CODE		109. CITIZEN OF WHAT COUNTRY?							
BY FUNE	3001 Bladensburg 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 NO	13. WAS DECENDENT OF H If yes, specify Cuben, M 1 YES 2 NO	ISPANIC ORIGII lexicen, Puerto	N? (Specify Yee of Ricen, atc.)	RACE — Americen Indian, Black, White, atc. Specify: Black						
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S USU/ (Give kind of work of life. Do NOT use retir	lone during most of working	164	b. KIND OF BUSI	INESS/INDUST	RY					
MPL	12th	College (1-4 or 8+)		Fed. G									
00	17. FATHER'S NAME (First, Middle, Lest) Anthony Dangerf.	ield			's NAME (First, .e Jone	Middle, Maiden S	Surname)						
) BE	19e. INFORMANT'S NAME (Type/Print)	1010	19b. MAILINO ADD	RESS (Street and Number or I			, State, Zip Coo	(e)					
2	Charles Dangerf						n. Va. 22204						
	20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 1 M Burlet 2 Cremetion 3 Removal from State 2 Cremetion 5 Pother (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 1 M Burlet 2 Cremetion 5 Pother (Specify) 21. SIGNATURE OF FUNERAL BERVICE DISPOSITION (Name of cemetery, cremetory or 2 Co. LOCATION — City or Town, State 2 Co. LOCATION — City or Town, State 2 Co. LOCATION — City or Town, State 2 Co. LOCATION — City or Town, State 2 Co. LOCATION — City or Town, State 2 Co. LOCATION — City or Town, State 2 Co. LOCATION — City or Town, State 2 Co. LOCATION — City or Town, State 2 Co. LOCATION — City or Town, State 2 Co. LOCATION — City or Town, State 3 Co. LOCATION — City or Town, S												
	21. SIGNATURE OF FUNERAL BERVICE CR	E Hai	th	7400 Georg	ia Ave								
	23. PART T. Enter the diseases, Dr shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on as	ich ilna.	ded in			atory arrest,	Approximate interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition	ns contributing to death be	ut not resulting in th	e underlying cause give	en in Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 ANO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	07	28. PLACE OF DEAT	TH (Check only a	one)							
IXSI	1 YES 2 NO	1 Inpatient 2 ER/Outp		Midraing Home 5 - Resid		er (Specify)	AJURY OCCUR	FD.					
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	M 1 YES 2 N		LOCKIDE HOW II	WONT COCON						
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		CATION (Street e y or Town, State)	and Number or I	Rural Route Number,							
COMPLET	(Check only	BICIAN: To the best of my knowl						euse(e) end menner ee stated.					
BE CO	29b. SIGNATURE AND TITLE OF CENTY OF	Louken)	MD	29c. LICENS	SE NUMBER	4	29d. DATE SI	DATE SIGNAL (Voer)					
10	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print)	mo			1	7					
	31. DATE FILED (Month, Day, Year) FFR 1 2 **********************************	32, REGISTRABUS BIOM	ATUHE										

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	CERTIFIC	ATE OF DEA	TH	REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
JULIUS DUBINSK	4		- [MONTH D		1200P M		
		F UNDER 1 YEAR IF UND	R 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
111-12 7932 1⊠M2□F		ONTHS DAYS HOURS	MIN.	(Month, Day, Year)		Country) NY		
Se. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWH OR LOCA	TION OF DEA	111-1	9c. COUNTY	OF DEATH		
HOLY CROSS HOSPITAL		STLVER SP	RING		Mon	Teomen 4		
10e. STATE 10b. COUNTY	10c. CITY, 1	TOWH OR LOCATION				10d. INSIDE CITY		
MD MONTGOMERY	STU	un SPRIN	5			1 YES 2 LNO		
100. STREET AND NUMBER 2407 SUNVALLEY CIR		101. ZIP CO	DE 0906		10g. CITIZEI	N OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Maxicen, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: 1. □ YES 2 ☑ NO Specify: Specify: WHITE						
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S US	SUAL OCCUPATION k done during most of wor	idea	16b. KIND OF BU	SINESS/INDUS			
Elementary/Secondary (0-12) College (1-4 or 5+)	ilfe. Do NOT use n	etired.)	ung					
12	Retai	ler		Food	Busin	ess		
17. FATHER'S NAME (First, Middle, Last)		18. MC	THER'S NAM	IE (First, Middle, Maiden	Surname)			
Edward Dubinsky				Rosen				
19e. INFORMANT'S NAME (Type/Print)		DDRESS (Street end Numb				2.0900		
Lillian Dubinsky		un Valle	,					
20a. METHOD OF DISPOSITION 1%□ Burlel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 6 □ Other (Specify)	20b. PLACE OF DISPOSITI	neces		10010		y or Town, State		
21. SIGNATURE OF FUNERAL SERVICE SCENSEE	Mt. Leba	non Ceme			elphi	, Ma		
· Maxito		Ives-Pe	arsor	Funeral				
23. PART I /Enter the disesses, or complications that cau	sed the death. Do not							
immediate. Cause of immediate or condition	n each line.	Diseas			·	interval Between Onset and Death 5 months		
resulting in death) a. Due to (OR A	S A CONSEQUENCE OF):							
6 b								
it sny, leading to immediate	AS A CONSEQUENCE OF):							
CAUSE (Disease or injury	S A CONSEQUENCE OF):							
that initiated events resulting in dasth) LAST	is a consequence or):							
d								
PART II. Other significant conditions contributing to deat	h but not resulting in	the underlying cause	given in I	Part I. 24n. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
Hypercalcemia				1 YES :		COMPLETION OF CAUSE OF DEATH?		
Congestive Heart F	ailure					1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF	DEATH (Che	ck only one)				
1 YES 2 NO 1 No Inpatient 2 ER/C		THER: Nursing Home 5	Residence	8 ☐ Other (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending Investigation		OF 28c. INJURY AT WORK? M 1 YES 2	□ NO	26d. DESCRIBE HOW	NJURY OCCU	RED		
The country of the co	URY — At home, farm, stre Specify)	set, factory, office		26f. LOCATION (Street City or Town, State,	end Number or	Rurel Route Number,		
29e. CERTIFIER								
(Check only one) 2 MEDICAL EXAMINER: On the basis of examin								
2914 SIGNATURE AND TITLE OF CERTIFIER W.D. M.D.		290	CENSE NUM	DER O	29d. DATE S	SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	Wheato	rine)	d	20906				
31. DATE FILED (Magh, Day, Year) 1990 Julia Dayyel	IGNATE AND AREA	rer m	D					

mD

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

irs after death. Page 6 may be reta TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 stat be flaed writin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

or use as the burial-transit permit. Pages 1, 2, 3 should

or attending physician.

LAND 21203-3146

BALTIMORE, MARY

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 m TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must in

TO

John S. Rogers,
31. DATE SILED (Month, Day, Year)
FEB 1 2 1990

M.D.,

de

32. REGISTRAR'S SECNATURE

	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR					MENTA	L HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last) ANNE	DE	MPSEY			•			2. DATE MONT Ol	OF DEATH	7 7	YEAR 990	3. TIME OF	
	4. SOCIAL SECURITY NUMBER	5. SEX 1 ☐ M 2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	6. AGE (In yrs. In 76	YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE (Mont	OF BIRTH h, Day, Year) 4/13		6. BIRTH Countr	PLACE (State	
0	9e. FACILITY NAME (If not institution, give s	•			9b. CITY, TOWN OR LOCATION OF DEATH					ATH 9c. COUNTY OF E			EATN	
1012	4307 North Addis	on koad			Capitol Heights						Georg	e's		
DIRECTOR	100. STATE 10b. COUNT	Y		111	HILA								10d. INSIDE LIMITS: 1 YES :	?
FUNERAL	3901 MARKET ST.					101	r. ZIP COD	Œ			10g. CIT	U.S	·A.	RY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	RMED NO		13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuben, Mexican, Puerto 1 YES 2 NO Specify:				Puerto Rican, atc.) Blac Spe			E — American k, White, atc. //y:	Indian,	
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		+)	ECEDENT'S Give kind of le. Do NOT u	work done se retired.)	during mo		ing	168	KIND OF BUS				
COMPLET	RET. WAITRESS RESTAURANT 17. FATNER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname)													
) BE	CRTMSHAW 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19 1 2 4													
٩	JOHN HEFFERSON (executor) 1631 Harrison St., 1st Fl Rear, Philadelphia, Pa 20a. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of company, crematory or 20c. LOCATION — City or Town, State													
	20e. METNOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	20b. PLACE other p	E OF DISPO	SITION (N	eme of cer	metery, cre	matory or		20c. LO	CATION —	City or To	own, State	
	21. SIONATURE OF TUNERAL SERVICE LICENSEE 2. 9. 90 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD, BALTO., MD. 21201													
	23. PART I. Enter the diseases, or anock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	List only one ca		ia.		r the mo	ode of dy	ylng, auc	ch aa car	diec or resp	iretory ar	reat,	Interv	oximate ral Between t and Death
	resulting in death)	4.	OR AS A CONSE											
ATION	Sequentially list conditions, H any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSE	EOUENCE C	OF):									
MEDICAL C	PART II. Other significant condition None	ns contributing to	death but not	reaulting	in the u	nderlyln	g cause	given in	Part i.	24e. WAS AN PERFOR	RMED?	241	O. WERE AUTOR AMAILABLE F COMPLETION OF DEATH?	PRIOR TO
							é						1 TYES	NO 🗀 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 💢 YES 2 🗌 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 - Nu	R:			heck only o	ne) or (Specify)				
6 1	27. MANNER OF DEATH 1 🕅 Natural 5 🗌 Pending	28e. DATE O (Month,	F INJURY Day, Year)	28b. TH		28c. IN.	JURY AT DRK? YES 2			SCRIBE HOW	INJURY OC	CURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined		OF INJURY — At h	nome, farm,	street, fac	ctory, offic	ce			CATION (Street or Town, State,		r or Rural	Floute Number,	
COMPLET	29e. CERTIFIER 1 CERTIFYINO PHYS	ER: On the best of											e) and manne	r so stated.
BE C	296. MONRIUME AND TOTAL OF CENTURE	Deputy	Medica	1 Ex	mine	er		CENSE NU				TE SIGNED	(Month, Day,	Year)

1919 Seminary Road, Silver Spring, MD

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be not THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director to the filled within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not	E	10		E S	
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10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and combe filed within 72 hours after death with the State Dept. or Health and Mental Hygiens prior to burial; I MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic ev	THE N	plete	THE L	ent,	
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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law TO THE FUNERAL, DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23	ig.	eeu	0	sho	ŀ
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TO THE MOSPITAL, OR ATTENDING PHYSIC TO THE FUNERAL, DIRECTOR: After this ce be field within 72 hours after death with the IMPORTANT; If Item 28 is marked,	IAN	rtific	e S	Dr H	
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2 2 2 3	뿚	뿔	Filed	POR	í
	2	2	20	X	

31. DATE FILED (Month, Day, Year)
FEB 12 1990

Succe Day down

compared for use as the burial-transit permit. Pages 1, 2, 3 should

the hospital or attending physician.

BALTIMORE, MARMAND 21203-3146

1 - STATE REGISTRAR	OIRIE OI III			ICATE C			ENTAL HYGIEN REG. NO	_	
1. OECEDENT'S NAME (First, Middle, Lest) SARAH	EATON						2. DATE OF OEATH	¥ 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 188 - 10 -003	1 - M 2 -	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER 1 YE.		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	02	BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, give LIBERTY MEDI RESIDENCE OF DECEDENT		ENTER	2	BALT	NOR LOCATI	ON OF OEAT	City	BAST	OF PEATH CITY
MATURAN 106. COUNT	ΓY		10c. CIT	SAII	MOY	e			10d. INSIDE CITY LIMITS? 1 PYES 2 NO
100. STREET AND NUMBER BR	yant	Ave	Apt	2	101. ZIP COO	21	7	4	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT FORCES? 1 IF YES, GIVE W	YES 2		If you	DECENDENT (apocify Cuby YES 2 A NO	in, Mexican,	C ORIGIN? (Specify Ye Puerto Rican, etc.)	e or No 14.	RACE — American Indian, Black, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 6+	50	Elve kind of a Do NOT us	USUAL OCCUI work done during the retired.)	most of worki	ng DD,	16b. KIND OF BU	SINESS/INDUST	TRY
17. FATHER'S NAME (First, Middle, Last) SEVEN SA	tchell	/	101			HER'S NAMI	E (First, Middle, Meider	Surname)	-//
Mrs. PARICIA	FRAM	Elin .	3100	the	bur	45	TBALL	m, State, Zip Coo	21216
20e. METHOD OF DISPOSITION 1 Deurlei 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)		ARI	of DISPO	IS /	nemotory, crit	. TA	rK B	CATION - CITY	. co. m.
21. STRATURE OF FUNERAL SERVICE L	S. Ru	22		303 22	きない	NO	755 FUN	e. BA	Home
23. I i. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final	complications that List only one cau	t ceused the d se on each lin	eath. Do	not anter the	mode of dy	ring, auch	as cardlec or resp	piratory arrest	, Approximate interval Between Onset and Death
disease or condition resulting in death)	a. Car	OR AS A COMM	OUENCE O	men	ary		arrest	2	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO	OR AS A CONSE	COUENCE O	NQ FI:					
CAUSE (Disease pr injury that initiated events resulting in death) LAST	d.	(OR AS A CONSE	OUENCE O	F):					
PART II. Other algnificant condition	one contributing to	death but not	resulting	in the under	ying csuse	given in P	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		_	OTHER: 4 - Nursing		seldence 6	Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, De	ny, Year)		JURY M 1	WORK?	□ NO	26d. DESCRIBE HOW		
2 Accident Investigation			ome, ferm.				281. LOCATION (Street		Rural Route Number
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At h stc. (Specify)		street, factory,	onice		City or Town, State)	
3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only	SICIAN: To the best of	stc. (Specify) my knowledge, d	leath occurr	red at the time,	data and place	s, and due to	o the cause(e) and mu	inner ee stated.	suse(s) and manner as stated.
3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only	building, SICIAN: To the best of experience	etc. (Specify) my knowledge, d taminetion end/or	leath occur Investigation	red at the time, on, in my opini	date and place	s, and due to	o the cause(e) and ma	nner ee stated.	

2-8-90

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BALTIMORE, MARYLAND 21203-3146	ununed in the hospital or attending physician.	should by memorbed for use as the burial-transit permi	otified at once.	
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ALTIM	death. Page	tuneral dire	examiner r	
8	nours after	ed in by the	medical	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may recorded the law requires that the death certificate be executed within 24 nours after death. Page 6 may recorded the law requires that the law requires that the death certificate.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, parks around to use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF		MENTAL HYGIE!		
1. DECEDENT'S NAME (First, Middle, Lest)	Frazier			2. DATE OF DEATH MONTH	AY YE	
4. SOCIAL SECURITY NUMBER 214207730	5. SEX 6. AGE (In yrs. lest birth 1 \(\text{ M 2 } \) \(\text{F} \) \(\text{ Y} \) Y	ricky) IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month/Day Yelr)	5	HRTNPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give st	eet and number)	Balt	OR LOCATION OF DE	City	9c. COUNTY	of DEATH
10e. STATE 10b. COUNTY	10.	C. CITY, TOWN OR LOC		- U		10d. INSIDE CITY LIMITS? 1 Pes 2 NO
100. STREET AND NUMBER	· · · · · ·		101. ZIP CODE 2	17		OF WHAT COUNTRY?
11 MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes,	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 NO Specify			RACE — American Indian, Black, Whita, etc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (Give ki	ENT'S USUAL OCCUPA ind of work done during in NOT use retired.)	most of working	16b. KINO OF BU	JSINESS/INDUST	RY
17. FATNER'S NAME (First, Middle, Last)	Vallace			ME (First, Middle, Meide	Surrame)	hoose
MR GEORGER	4 HARSLEY 14	AILING APPORESS (Street) 15 MOOD DISPOSITION (Name of	nTmor G	Route Number City or To	md.	21217
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremellon 3 Remo 4 Donellon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	Sval from State Other place)	Zion	AND ADDRESS OF	6	ALLO, C	or Town, Stole
Joseph J	Russ	Jos 222:	W.Nor	th Ave.	BAlb.	md. 21216
	omplications that caused tha death. List only one cause on each line.	Tru	but an	h sa cardiac or res	piratory srreat,	Approximata Interval Between Onset and Death
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						
PART II. Other algorificant condition Deep Ven Poly when Cerehe Har	s contributing to death but not resu There bess s A. Vern A. Com	iting in the underly	ing cause given in	Part I. 24e. WAS A PERFC	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	PLACE OF DEATN (C)			
27. MANNER OF DEATN 1. Natural 5 Pending		Bb. TIME OF 186c.	INJURY AT WORK? YES 2 NO	28d. OEŞCRIBE NOW	INJURY OCCUR	ED
2	28e. PLACE OF INJURY — Al home, building, atc. (Specify)	farm, atreet, factory, o	ffice	28f. LOCATION (Stree City or Town, Stat		Bural Route Number,
one)	CIAN: To the best of my knowledge, death					suse(a) and menner as atated.
29b. SIGNATURE AND TITLE OF CERTIFIES	3		29c. LICENSE NU	MBER	29d. DATE SI	GNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAUSE OF OF ATN (ITEM 27	n (Npe, Print)				
31. DATE FILED (FEB 12 199	32. ARGISTRAR'S SIGNATURE ASM	Bril	Mul	N		19

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	VIDAND 21203-3146	ospital or attending physician.	ettached for use as the burial-transit permit. Pages 1, 2, 3 should
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TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, pag 5 should be detach. J.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pay a structure of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 making readed by the loss	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m the heart of the hos

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		_					
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIEN REG. NO						
1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	LV YE		IME OF DEATH			
Charles V. Flowers Jr.	WOTT III	1 1 100	-171	3:15 pм			
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last blirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	Advent Proc March	8. E	URTNPLAC	E (State or Foreign			
412-30-7788 1 1 x 2 1 F 64 YRS, MONTHS DATS WOONS MINE.	7-15-192	2.5	Ind				
9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF	OEATH	9c. COUNTY	OF DEATN				
17 Elmwood Rd. Baltimore, Md Baltimore,	Md		_				
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			10d.	INSIDE CITY			
Md - Baltimore Mo	1. 21210		V	YES 2 NO			
MC Baltimore, Mc 10e. STREET AND NUMBER 10f. ZIP CODE	7.17.10	10g. CITIZEN	OF WHAT	COUNTRY?			
17 Elmwood Rd. Baltimore Md 21210 212	1.0		SA				
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISP FORCES? 11 YES 2 NO If yes, specify Cuben, Max		or No- 14.	RACE — A Black, Wh	merican Indien, Ite, etc.			
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2X NO Spe			Specify:	hi to			
15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION	16b. KINO OF BU	SINESS/INQUIST		hite			
(Specify only highest grade completed) (Give kind of work done during most of working life Do NOT use retired.)	1001111110 01 00						
Elementary/Secondary (0-12) College (1-4 or 5+) 12 4 Journalist	Nower	paper					
	NAME (First, Middle, Maiden						
Charles V. Flowers Sr. Louis	se Shantor	1					
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rur	ral Route Number, City or Tow	n, State, Zip Cod	le)				
Mary W. Flowers (wife) 17 Elmwood Rd. Ba	altimore	Md 21	210				
20e. METHOD OF DISPOSITION 1 □ Burlai 2 ▼ Cremetion 3 □ Removal from State		CATION — City					
4 Donation 5 Other (Specify) Green Mount Cremators	, Bal	ltimor	e, Mo	d			
21. SIGNAPORE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF Bradley-As		ralHo	me	Inc			
Baltimore		starno	, inc.	Inc.			
23. PART I. Enter tha diseases, or complications that caused tha death. Do not antar the mode of dying, s	uch as cardiac or resp	iratory arrest,		Approximate			
ehock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel			į	interval Between Onset and Death			
disease or condition e. Language Con Co	R-			14000			
DUE TO (OR ALACOMS TO ENCE OF):		1		· for			
Sequentially list conditions, 6. Due to consequence on		1					
If any, leading to immediate			ľ				
cause, Enter UNDERLYING CAUSE (Disease or injury Due TO (OR AS A CONSEQUENCE OF):	10						
that initiated events resulting in death) LAST			j				
d							
PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given	In Part i. 24e. WAS AN		AVA	RE AUTOPSY FINDINGS			
	1 _ YES :	M NO		MPLETION OF CAUSE DEATH?			
		,	1 [YES 2 NO			

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one, HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCUREO 28b. TIME OF INJURY 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 6 Could not be determined 4 Homicide

29a. CERTIFIER (Check only	1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.
one)	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the co

	_	A CONTRACTOR OF THE PROPERTY O		
296. BIONATURE AND TITLE OF GENTIFIER	non	Cost III	29c. LICENSE NUMBER	29d. DATE STGNED (Month, Day, Year)

uar

5601 Loch Ravey

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

212-52-7352

Elise

9a. FACILITY NAME (If not institution, give street end number)

M.

1 M 2 F

5. SEX

Golze

8. AGE (In yrs. last birthday)

IF UNDER 1 YEAR DAYS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

3. TIME OF DEATH

BIRTHPLACE (State or Foreign Country)
 Germany

9c, COUNTY OF DEATH

1:05

2. DATE OF DEATH DAY 2-10-1990

7. DATE OF BIRTH (Month, Day, Year) 7-22-1897

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

5 St. Joseph Hospital Baltimore Baltimore						'e			
ទួ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c CITY TO	WN OR LOCAT	ION			104	INSIDE CITY	
DIRECTOR	Md. Baltimor	re.		timor					VES 2 NO
7	10e. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZE	N OF WHAT C	OUNTRY?
ER/	1421 Dartmouth A	ve.			21234		U.S	.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, sp	ENDENT OF HISPANIC Of the Cuben, Mexican, Pu 2 NO Specify:		or No— 14	Specify:	nerican indian, e, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade complete	d)	18a. DECEDENT'S USUA (Give kind of work of life. Do NOT use reti	AL OCCUPATION	N st of working	16b. KIND OF BUS	INESS/INDUS	STRY	
PLE	Elementary/Secondary (0-12) Colleg	e (1-4 or 5+)	Homemak			Hom			
E COMPLET	17. FATHER'S NAME (First, Middle, Last)Schneider	1101110111011		18. MOTHER'S NAME (F Unknow	First, Middle, Maiden				
TO BE	190. INFORMANT'S NAME (Type/Print) Mr. Joseph Rieger				e Ave. To				,
	20e. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	n State	PLACE OF DISPOSITIO	N (Name of cer	etery, cremetory or f Faith	20c. LO	CATION — CH	ty or Town, St	ate
	21. BURNATURE OF FUNERAL SERVICE LICENSEE			Hart	ley Mille Harford	er Fune	ral I	Home	21234
CERTIFICATION	23. PART I. Enter the diseases, or compile ahock, or heert fellure. List only immediate cause or condition resulting in deeth) Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A		nter the mo	de of dying, such ee	cardiac or respi		it,	Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CI	PART II. Other aignificant conditione contr	ibuting to death b	out not resulting in th		g cause given in Part	PERFOR	MED?	AVAIL COMP DF DI	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
VSIC	1 🗆 YES 2 🗹 NO 1 🗹 In	PITAL: patient 2 - ER/Outp		HER: Nursing Hom	e 5 Residence 6	Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	RK? (ES 2 NO	I. DESCRIBE HOW I						
3 Suicide 4 Homicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29s. CERTIFIER (Check only one) 29s. CERTIFIER (Check only one) 29s. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							Nuras Nobile P	vurnusi,	
								manner es stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Pon	rero M.	-	29c. LICENSE NUMBER	182	29d. DATE	SIGNEO (Mont	7. Day, year)
-	30. NAME AND ADDRESS OF PERSON WHO COMP	KOM	ERO-	9	J. 9	osep	e t	fosp	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE F.F. R. 1. 2. 1000 Sulice Devision Number 33. REGISTRAR'S SIGNATURE								

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telement by the hospital or attending physician.	If should be described for use as the burial-transit permit. Pages		potified at open.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be interested by the law requires that the death certificate be executed within 24 hours after death. Page 6 may be interested by the law requires that the death certificate be executed by the law requires that the law requires the law requires the law requires that the law requires the		be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be putilled if one

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH .8:25 Feb. 10, 1990 GERALD GORMAN PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 15 M 2 - F DAYS HOURS MIN. YRS 219-42-6142 78 1 - 29 - 191WashingtonDC Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery Co. RESIDENCE OF DECEDENT 10b. COUNTY 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Co. 1 YES 2 NO Rockville FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5305 Norbeck Road 20853 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14, RACE - American Indian, Black, White, etc. If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify 3 Widowed 4 Divorced BY WWIT White TO BE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12 Years Social Security Data Analyst 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Surname) William Gorman Collins M. Mary 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20853 Mary G. 5305 Norbeck Road Rockville, Maryland Martin 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Buriel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) Moreland Memorial Park Balto.Co., Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY William E. Johnson P.A. Funeral Home Loch Raven Blvd. Towson, MD21204 23. PART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximeta ahock, or heart failure. Liet only one couse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initieted eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 ☐ YES 2 ☐ NO broxlip PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO patient 2 ER/Outpatient 3 DOA ne 5 🗌 Residence 8 🗎 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 26b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 2 Natural 6 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Trum, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide determined FIG. 1AN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated EXAB of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year BE 20301 2 LETED CAUSE OF DEATH JITEM 27) (Type, Print) GISTRATUS SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bulling		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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10	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMP(

	1 - STATE REGISTRAR	SIAIE UF M	1AHYLAND / CE		ICATE				MENIA	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last	y								OF DEATN			3. TIME OF DE	ATN
	ADELINE	М			GOOC	CH			MONT 2	- 9 ^b	- 90	YEAR	1:15	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIRTN (Month, Day, Year)			8. BIRTN Counti	IPLACE (State or i	Foreign
	218-18-6536	1 □ M 2 XX	□ M 2 XX 84		MONTHS	DAYS	HOURS	MIN.	MAR	CH 3	1905	MA	ÄYLAND	
	9a. FACILITY NAME (If not institution, give			9b. CITY,	TOWN C	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATN		
OR		ES ROAD			ARN	IOL)				ANNE ARUNDEL CO.			
5	RESIDENCE OF DECEDENT		I 10c CIT	Y. TOWN OF	LOCAT	ION		T.				10d. INSIDE CIT	v	
DIRECTOR		TIMORE C	0		RKVIL		1011							Xio
	10e, STREET AND NUMBER	I I I I O K L	0.	1 211	(1(/ 11		ZIP CODE	<u> </u>		10g. CITIZEN OF WI				, r = 0
RA	8304 DALESFOR					2123					. A.	Α.		
FUNERAL	11. MARITAL STATUS	T EVER IN U.S. AB	MED	13, W				IIC ORIGII	N? (Specify Yes	-	14. RACI	RACE — American Indian,		
ВУ	1 Never Married 2 Married 3 Nidowed 4 Divorced	YES XXX	10			2 X NO			Rican, etc.)		Spec	k, White, etc. #y: ITE		
COMPLETED	15. DECEDENT'S Et (Specify only highest gra	JUCATION de completed)			USUAL OCI			a	168	. KIND OF BU	SINESS/IN	DUSTRY		
	Elementery/Secondary (0-12)	College (1-4 or 5+	·)	Do NOT u	se retired.)									
MP	8 YEARS		HO	USEV	VIF.E					HOME				
8	17. FATNER'S NAME (First, Middle, Last)	-		0.0	******				ME (First,	Middle, Meiden			PTC	IZ E
BE	JOSEPH	J.	- 1		HULE		MAR				М.		FIS	KE
2	19a. INFORMANT'S NAME (Type/Print) AUDREY N. BOONE 19b. MAILING ADDRESS (Street and Number or Flural Flourte Number, City or Town, States, Zip Code) 2 1 0 1 2 2 5 5 SHORE ACRES ROAD ARNOLD, MARYLAND													
	AUDREY N. BOONE 255 SHORE ACRES ROAD ARNOLD, MARYLAND 200. HETHOD OF DISPOSITION 1. Aurital 2 Cremation 3 Parameter State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometer), crematory or 200. LOCATION — CITY OF COMETER — CITY OF COM													
	1 Auriel 2 Cremation 3 Ill	other pla	other place)									MARYL	AND	
	21. SIGNATURE OF FUNITHAL BURYOUT LICENSEE 22. NAME AND ADDRESS OF FACILITY													
- 3	WILLIAM E. JOHNSON PA. FUNERAL 8521 LOCH RAVEN BLVD. TOWSONMD.											ERAL H	OME	
	23 PART I Enter the diseases D	r complications the	t caused the de	eth Do		_		_					Approxi	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) a. Metastatic adeusease.											Between nd Death		
ATION	Sequentially list conditions, If eny, leading to immediate cause, Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSE	OUENCE (NF):									
	PART II. Other aignificent conditi	one contributing to	death but not i	resulting	in the unc	ierlyin	g cause (given in	Part I.	24a. WAS AN		248	. WERE AUTOPSY	
BY PHYSICIAN: MEDICAL	Cororay	istery &	sens	2						PERFOI			AMAILABLE PRIO COMPLETION OF OF DEATH?	CAUSE
AN.	AL MAG GLOS DEPENDED TO MICH.					26.	100			<u> </u>				
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATN (Ch	eck only o	ne)				
IYS	1 YES 2 NO	1 Inpatient 2		T	-	ing Nor 28c. (NJ		sidence		er (Specify)	MI HUMA O	DOLIDED		
P	1 Retural 5 Pending	28a. DATE OF (Month, D		26b. Til	JURY	WC	PRK?	T NO.	280. DE	SCRIBE NOW	INJUHY O	COMED		
	2 Accident Investigatio	26e, PLACE O	F INJURY — At he	ome, farm.	street facto			_ 140	261 LO	CATION (Street	and Numb	er or Rural	Boute Number	
ED	3 Suicide 6 Could not b	building,	etc. (Specify)	, , , , , , , , , , , , , , , , , , ,	orrowt, resto	, 01110	-		City	or Town, State)	or critical	Tione Transon,	
	29a. CERTIFIER	YSICIAN: To the best of								. (1) - 4				
COMPLETED	anal	INER: On the basis of a											a) end manner as	stated.
BE (290 SIGNATURE AND TITLE OF CERTIF	IER \	0 0		^		29c. LIC	ENSE NUI		_	29d. DA	TE SIGNE	Oy(Month, Day, Yea	r)
TOE	Howard & Cheller 1940 13 as 12 19 10									uno				
	DR. HOWARD FR	WHO COMPLETED CAU EELAND	SE OF DEATN (ITE	M 27) (Typ	e, Print)									
	31. DATE FILED (M TO B 16-1) 2		AR' SIGNATURE	20.	100									
	150 12	JUL guin	A CHEST COMPANY	Alan Bar										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	HILL	CALE	UF	UEA	П	RI	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	James Er	nest Ha	atten					2. DATE OF DEATH DAY YEAR 2/11/90			YEAR	3. TIME OF DEATH	
- 1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest		IF UNDER 1 Y	rean I	IF UNDER	04 1000				PLACE (State or Foreign		
	219-01-3940	1 2 M 2 □ F	79			MYS	HOURS	MIN.	(Month, Day	/10		Country	ryland	
	9a. FACILITY NAME (If not institution, give st									TY OF DEATH				
8	3426 Flannery Lan	ie			В	alt	imor	e				Balt	imore	
5	RESIDENCE OF DECEDENT											Daze	Inorc	
DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?		
	Maryland Baltimore				Balt								1 TES 2 NO	
¥.	10s. STREET AND NUMBER					107.	ZIP CODE				HAT COUNTRY?			
剪	3426 Flannery Lan						2120					_	States	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 XN						C ORIOIN? (Sp. Puerto Rican		or No-	14. RACE Black	- American Indien, , White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		10	YES	2 💢 NO	Specify:				Speci	White	
	15, DECEDENT'S EDUC		16a, DE0	CEDENT'S L	JSUAL OCC	UPATIO	N		16b. KIN	D OF BUS	INESS/IN	DUSTRY	WILLE	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Gir	ve kind of w Do NOT use	ork done dur retired.)	ing mos	st of working	ים						
7	8th grade	conege (1-4 of 5 +)		Carp	enter					Uni	lon			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME				E (First, Middle	, Maiden	Sumame)				
	James H. Hatten						R	lose 1	Mary U	nkno	wn			
BE (19a. INFORMANT'S NAME (Type/Print)		19b	. MAILINO	ADDRESS (S	Street a			oute Number, C			(p Code)		
2	Mr. Howard Kevin	Dudderar		2901	Linw	ood	Ave	. Ba	altimo	re.	MD	2123	4	
	20a. METHOD OF DISPOSITION 1% Burlet 2 Cremation 3 Remo	Jan Domeni	20b. PLACE	OF DISPOS								- City or To		
	4 Donation 5 Other (Specify)	over from State	other pla	Woodlawn Cemetery V						Woo	Woodlawn, MD			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1					SS OF FACI		1				
* Stephen M. Verbeurs 87							g By iber	ers I	Funera oad R	1 Ho	me 11st	own,	MD 21133	
	23. PART I. Enter the diseases, or canock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	List only one cluse	on each line.	e .	defa			ing, such	as cardiac	or reepi	ratory ar	rrest,	Approximate Interval Between Onset and Death Mouss	
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING	DUE TO (OF	R AS A CONSED	DUENCE OF):		- 							
	CAUSE (Disease or Injury that initiated events	DUE TO (OF	R AS A CONSEC	DUENCE OF):									
Ē	reaulting in deeth) LAST													
3		9											1	
AL	PART II. Other algnificant condition			eaulting is	n the unde	erlying	cause	given in P	Part I. 24e	PERFOR	AUTOPSY	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL	Pitentay tune	- resente	of un	pas					_ 10	YES 2	2 NO		OF DEATH?	
	Destets relat	ey							_				1 TES ES NO	
ÿ	Polyedgie R	Pourtica												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	~		OTHER:	26. PL	ACE DF D	EATH (Chec	ck only one)					
PHYSICIAN: M	1 YES 2 W	1 Inpetient 2-CIE			4 - Nursin			_	Other (Sp					
	27. MANNER OF DEATH 1strain 5 Pending Investigation	28e. DATE OF IN. (Month, Day,		28b. TIME INJU		WO	URY AT RK7 'ES 2 [28d. DESCRIE	BE HOW I	NJURY O	CCURED		
D BY	3 Suicide 6 Could not be	26a. PLACE OF II building, ato	NJURY — At ho	me, farm, s	treet, factor	y, office		\neg	28f. LOCATIO City or To	N (Street i		er or Rural F	Route Number,	
COMPLETED	4 Homicide determined													
7	(Orlean Orly)	CIAN: To the best of my	knowledge, de	ath occurre	d at the tim	e, data	and place	, and due t	to the cause(e) and mad	nner aa sti	ated.		
8	one) 2 MEDICAL EXAMINE	R: On the besie of exam	nination and/or i	investigation	n, in my opi	nion, d	eath occu	red at the t	ime, date and	place, an	d due to t	the cause(e	e) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIED	N					29c. LIC	ENSE NUM	BER		29d. DA	TE SIGNED	(Month, Day, Year)	
3 BE	Clarles K/Kela	200					02	4781			•	2/12	190	
2	30. NAME AND ADDRESS/OF PERSON WHO	D COMPLETED CAUSE				ع	R	O R	us	8 21	225	?	1	
ŀ	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		700	- Share	,	- N	/	-		-		
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE FEB 1 2 1990 Suh Davidson-Randelle.													

retained by the hospital or attending physician.

S should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 2-mours after deather that the law requires that the attending physician and completely filled in by the fund dentity and 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

tending physician.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				YGIENE					
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3.	TIME OF DE	ATN	
	ARTHUR	JAMES	HART			Feb.	1 1 .	1990	EAR 3	:40	Ам	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	6. BIRTHPLACE (Str.				
	023-10-2391 9e. FACILITY NAME (If not institution, give s		72 3-4-1317							Massachusett:		
DIRECTOR	8649 Oak Road			Parkvi						re Co	٥.	
E I	10a. STATE 10b. COUNT	Y	10c. CITY, 1	TOWN OR LOCAT	TON				100	d. INSIDE CI	TY	
H	Maryland Balt	imore Co.	Parl	cville					1[LIMITS?	NO DA	
	10s. STREET AND NUMBER				ZIP CODE			10g. CITIZEN				
FUNERAL	8649 Oak Road			2	1234			U.S.	Α.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (S	pecify Yes			American In	dlen,	
BY	1 Never Merried 2 Married 3 Widowed 4 Olvorced	FORCES? TOYES IF YES, GIVE WAR OR D WWII	ATES	1 TYES	XX NO Specif		n, atc.)	W	Specify:			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S US	UAL OCCUPATIO	ON at all working	16b. Kil	NO OF BUSI	NESS/INDUST				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use r	etired.)	or or working							
A P		3 Years	Tool-D:	ie Mak			achi					
8	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA		lle, Meiden S	Surname)				
B		В.	Hart		Elizak					11y		
2	19e, INFORMANT'S NAME (Type/Print)				nd Number or Rural							
	Etta Jackson Ha				ad Balt	cimore					1	
	20e. METHOD OF DISPOSITION XIXBURIel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Parkwood Cemetery Balto.Co., Ma										and	
	21. SIGNATURE OF THIS AND ADDRESS OF FACILITY William E. Johnson P.A. Funeral Home											
	W/1///	2/1/										
	23. PART I. Enter the disease, or o	complications that come	d the death. Do not	8521	Loch Ra	aven l	31vd	· Tows	on, l			
	ahock, or haart failure. IMMEDIATE CAUSE (Finel	List only one cause on e	ech lina.	A	de or dying, add	m wa Cardiac	or reapir	atory arrest	,		Between nd Daeth	
	disease or condition resulting in death) e. Carcyang & lung Due TO (OR AS A CONSEQUENCE OF):								82	7		
		DUE TO (OR AS A	A CONSEQUENCE OF):	0								
CERTIFICATION	Sequentially list conditions,	b DUE TO (OR AS	A CONSEQUENCE OF):									
¥	ceuse. Enter UNDERLYING											
Ē	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
E	reaulting in deeth) LAST											
	PART II Other eignificant condition	ne contribution to death (out not requiting in	the waderlyin		Dort I or	- 1400.00 4.51	· · · · · · · · · · · · · · · · · · ·		RE AUTOPSY		
SAL	D 4	PERFORMEO? A								ALABLE PRIO	OT PI	
ă	Turn	ne			— l¹	YES 2	KNO		MPLETION OF DEATH?	CAUSE		
X									1[YES 2	NO NO	
N									<u> </u>			
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch							
PHYSICIAN: MEDIC	1 YES 2 THO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	patient 3 DOA 4	Nursing Nor		6 Other (S		JURY OCCUR				
ā	1 Statural 5 Pending	(Month, Day, Year)	INJUR	Y WC	PES 2 NO	Zed. DESCH	IOE NOW IN	JUNT OCCUM	EU			
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	/ — At home, farm, stre			28f. LOCATH	ON (Street or	nd Number or I	Rumil Bout	e Number		
COMPLETED	4 Homicide 6 Could not be determined	building, etc. (Spe	clfy)			City or 1	own, Stete)					
٦	29a. CERTIFIER (Check only	ICIAN: To the best of my know	rledge, death occurred	at the time, date	end place, and due	to the cause(e) end man	ner se stated.				
MO	anal .	ER: On the basis of examination							euse(e) an	d manner ee	stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER		29d. DATE SI	GNED (Mo	onth, Day, Yea	r)	
BE	12110	monty umo			MD -	D938	6	> Fil	12	199	0	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Pr	rint)	1110/-	V 1 10	~	17.0	1			
									,			
	FEB 1 2 1990	32. REGISTRAR'S SIGI	IATURE									
- 1	FEB 1 2 1990	1 Sula Davids	- gandelle									

1	-	STATE REGISTRAF
Г		

STATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR	SIAIE OF MARTE	CERTIFIC		F DEATH	REG. NO	6 E).		
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF OEATH	MY	YEAR	3. TIME OF DEATH
Matilda Jan	е Но	ffmann			2 9	9(8 500 AM
			UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign
212-03-6158	1 □ M 2XCXF 8	1 YRS.	MINS DAY	HOURS MIN.	12/3/08		Virginia	
9a. FACILITY NAME (If not institution, give street			b. CITY, TOW	N OR LOCATION OF DE	ATH	9c. COU	NTY OF D	
208 South Roll	ing Road	21228				B	alt:	imore
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CiTY T	OWN OR LO	CATION				10d. INSIDE CITY
MD Balti	more	1000 000 1,1						LIMITS?
10e. STREET AND NUMBER	MOLE			101. ZIP CODE		10a. CIT	IZEN OF W	HAT COUNTRY?
208 South Roll	ing Road			21228			USA	
<u> </u>	2. WAS DECEDENT EVER		13. WAS E		IIC ORIGIN? (Specify Ye		14. RACE	- American Indian,
1 Never Merried 2 Married **X**X**Widowed 4 Divorced	FORCES? 1 YES			specify Cuben, Mexica ES 2X NO Specify		white, atc.		
15. DECEDENT'S EDUCA' (Specify only highest grade co		16a. DECEDENT'S US			16b. KIND OF BU	ISINESS/IN	DUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	etired.)	most of working				
unknow	n	homema	ker		own	hom	e	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider	Sumama)		
Unknown Taylo:	<u> </u>			Unkn				
Van T. Hoffmani Van T. Hoffmani	n				Route Number, City or To cle/Balt			1227
20s. METHOD OF DISPOSITION 1 Buriel 2 Tremetion 3 Remove	20	b. PLACE OF DISPOSITI	City or To	wn, Siste				
4 Donation 5 Other (Special	al from State	Greenmou:	nt Cr	ematory	Ва	MD		
21. SIGNATURE OF PUNERAL SERVICE DOCE	SEE			AND ADDRESS OF FA	CILITY			
I NA XI &	100		Ste	rling As	hton Fur	era]	L Es	tate, PA
23. PART i. Enter the disesses, or co	mplications that cause	d the death. Do not			on Ave/F			D 21228 Approximats
shock, or heart fellure. Li iMMEDIATE CAUSE (Finel disease or condition		A CONSEQUENCE OF):	lec	Sal, d	200	,		interval Between Onset and Death
resulting in deeth) s.	DUE TO (OR AS	A CONSEQUENCE OF):						
Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
ceuse. Enter UNDERLYING								
CAUSE (Disesse or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST								1
PART II. Other algnificent conditions	contributing to death	but not resulting in	the underly	/ing cause given in	Pert I. 24e. WAS A	N AUTOPSY	24b	. WERE AUTOPSY FINDINGS
Dr. Oka B	· a · Aa	1800	1aC	10	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
1000	140		Con Ser		1 TYES	2 4-110		OF DEATH?
					—			1 WES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF OEATH (CH	eck only one)			
	HOSPITAL:		THER:	Iome 5 Residence				
27. MANNER OF CEATH	28a. DATE OF INJURY	28b. TIME (OF 26c.	INJURY AT	28d. DESCRIBE HOW	INJURY O	CURED	
1 Natural 5 Pending	(Month, Day, Year)	INJUR		WORK? YES 2 NO				
2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJUR	Y — At home, ferm, stre	et, factory, o	ffice	261. LOCATION (Street		or or Rural F	Route Number,
4 Homicide 6 Could not be	building, etc. (Sp	ectry)			City or Town, State	9)		
29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my kno	wiedge, death necurred	at the time	late and place, and due	to the cause(s) and m	nner ee ee	eted.	
(Check only one) 2 MEDICAL EXAMINER								a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	/ /	_		29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
Milde	de Se			004			7-9	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P	rint)	1 1				
- T								
31. DATE FILED (MOND). Day, Year) 1990	3 REGISTAR'S DIG	Mindonda						

MIRIAM L. CÓHEN M.D. 201 E. UNIVERSITY PKWY. BALTIMORE, MD. 21218

described for use as the burial-transit permit. Pages 1, 2, 3 should hospital or attending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE,

(YDAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

MIRITAN I COHEN M.D. PKWY. event, the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF	DEAT	Н	1161111116	REG. NO.	-				
	1. DECEDENT'S NAME (First Middle, Last)								2. DATE OF MONTH	DEATH		YEAR	3. TIME OF DEA	тн	
	Mary Johns	on						February 11, 199			1990	1:20	рм		
	4. SOCIAL SECURITY NUMBER	with the state of				7. DATE OF (Month, D	BIRTH		8. BIRTH Country	PLACE (State or F	oreign				
	219-12-7209	1 🗆 M 2 💢 F	80	YRS.	MONTHS	DAYS	HOURS	anne.	12/2	5/09		\ \	ľΑ		
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN 0	R LOCATIO	N OF DE	ATH		9c. CC	UNTY OF D	EATH	11	
TOR	Maryland Gener	tal		Bal	tim	ore C	city								
DIRECTOR	MD 100. STATE 106. COUNT						ore C	ity					10d. INSIDE CIT LIMITS? 1 X YES 2		
FUNERAL	100. STREET AND NUMBER 801 WEBB COURT				101	ZIP CODE		10g. CITIZEN				OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	MED	10	yes, sp	ENDENT OF ecify Cuban 2 NO	, Mexica	iiC ORIGIN? (5 n, Puerto Rici	Specify Yes in, atc.)	or No-	14. RACE	- American Inc x, White, atc.	llen,			
ED	15. DECEDENT'S ED	JCATION	16a. DE	CEDENT	USUAL OC	CUPATIO	ON		16b, KI	ND OF BUS	INESS/I	NDUSTRY	DEMOR		
ET	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	- Hho	Do NOT u	work done du se retired.)	uring mo	at of working	7							
APL	5th			DISA	BLED					NA					
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme))					
BE (MARSHALL GR	REGORY					ELI	ZAB	ETH		L00	GAN			
TO E	19e. INFORMANT'S NAME (Type/Print)		191	. MAJLING	ADDRESS	(Street e	nd Number	or Rural I	Route Number,	City or Town	7, State,	Zip Code)			
F	NATHANIEL GREGOR	Υ	1	202	N. CA	ROL	INE S	TRE	ET/BAL	.TIMO	RE,	MD	MD 21213		
	20s. METHOD OF DISPOSITION 1 (2) Burlei 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or To									wn, State					
	4 Donation 6 Other (Specify) WESTERN STAR CEMETERY CATONSVILLE, MD														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
CERTIFICATION	WM. C. MARCH F/H 1101 E. NORTH AVENUE														
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, above, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											d Death			
HIP	CAUSE (Disease or Injury that Initiated events resulting in death) LAST														
	PART II. Other algorificant condition	na contributing t	o death but not r	eculting	In the unc	dorbulnu	n cause d	luen In	Part I 2	In WINC AN	ALCTORS	v 245	WERE AUTOPSY	ENDINOS	
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Stroke 1 Yes 2 No										AVAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE			
ż															
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORRITAL					ACE OF DE	ATH (Ch	eck only one)						
/SH	1 ☐ YES 2 □XNO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	4 Nursi		e 5 🗆 Rec	sidence	6 🗆 Other (S	Specify)					
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE O (Month,	FINJURY Day, Year)	28b. TII	JURY		PRK?		28d. DEŞCR	HBE HOW H	NJURY (OCCURED			
BY	2 Accident Investigation	M 1 TES 2 NO													
TED	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street end Number or Rural Route Number, building etc. (Specific													
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHY:												e) and menner ee	stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	ER ()					29c. LICE	NSE NUI	HER		29d. D	ATE SIGNED	(Month, Day, Year	7	
	Jan (Attali						W/A				- 1 2/11/90			0	
10	30. NAME AND ADDRESS OF PERSON W Jamal Abdel-Hal		C/O Ma			ene	ral H	osp:	ital						
	31. DATE FILED (MONT), DOX, 1047 1990	30. REGISTE	MAR'S SIGNATURE	dell											

-	STATE REGISTRAR

	1 - STATE REGISTRAR	SIAIE UF MAN		IFICATI	E OF	DEATH	MENTAL TITE					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEA		WEAD	3. TIME OF OEATH		
- 7	Jimm	ıy Dur	rell	Jor	nes		2-10-	90"	YEAR	2:14AM M		
	4. SOCIAL SECURITY NUMBER	8. SEX 6. /	AGE (In yrs. lest birtho			IF UNDER 24 HRS.	7, DATE OF BIRT (Month, Day, Y	H unc)	Count	HPLACE (State or Foreign		
	559-37-2511 1 □ → F 30 YRS. MONTHS DAYS HOURS MIN. 5/09								NAP	ΪES, ITALY		
	9a. FACILITY NAME (If not institution, give str					R LOCATION OF DE	ATH		OUNTY OF E			
OR	Montgomery General Hospital Olney Montgomery											
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100	CITY, TOWN	OR LOCAT	ION				10d, INSIDE CITY		
DIRECTOR		GOMERY CO.		OLNEY	ON LOCAL	ion .		LIMITS?				
	10e. STREET AND NUMBER	GONERT CO.	·	OLITE	101	ZIP CODE	10g, CITIZEN OF W			- /4-		
FUNERAL	18553 BOWIE MILL	ROAD				20832			US	Δ		
3	11. MARITAL STATUS	12. WAS DECEDENT EV				ENDENT OF HISPAN	NIC ORIGIN? (Spec			E — American Indian, k, White, etc.		
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1			If yes, spi 1 TYES	2 NO Specify		(C.)	Spec	offy:		
	15. OECEOENT'S EOUC	ATION	16a. DECEDER	VT'S USUAL O	CCUPATIO	N .	18b. KIND C	F BUSINESS/	INDUSTRY	BLACK		
	(Specify only highest grade	completed)	(Give kind	d of work done OT use retired.)	during mo-							
7	Elementary/Secondary (0-12) College (1-4 or 5+) 12th UNEMPLOYED NA											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, A	falden Surname	e)			
BEO	JIMMIE JONES,	JR.				MARY	JULK:	S				
10 8	19e. INFORMANT'S NAME (Type/Print)					nd Number or Rural						
F	JIMMIE JONES, JR. 18553 BOWIE MILL ROAD/OLNEY MD 210832											
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State											
	4 Donation 5 Tother (Specify) FARMERVILLE CEMETERY FARMERVILLE, LA											
	abin L. Williams WM. C. MARCH F/H 1101 E. NORTH AVENUE											
	1 awin 2.	Wille	mo	W	M. C	. MARCH	F/H 110	1 E. N	ORTH	AVENUE		
	23. PART I. Enter the diseases, or c shock, or heart failure. I			Do not ente	r the mo	de of dying, suc	h aa cardiac or	reapiratory	arreat,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition Nephrotic Syndrome											
	disease or condition resulting in death) Nephrotic Syndrome a. Due TO (OR AS A CONSEQUENCE OF):											
		DUE TO (OR	AS A CONSEQUENC	Œ OF):						i		
CERTIFICATION	Sequentially list conditions, oue to (or as a consequence of):											
YAT	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that Initiated events oue to (or as a consequence of):											
FI	resulting in death) LAST	1							·			
	PART II. Other aignificant condition	a contributing to dea	th but not result	ing in the u	nderlyin	cause given in	Part I. 24a. W	AS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS		
DICAL								ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MED							— KXX	res 1 🗆 NO		OF GEATH?		
							_		1"	200		
A	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (C)	neck only one)					
PHYSICIAN:	EXAMINER?	HOSPITAL:	/Outpatient 3 🗆 De	OA 4 Nu		e 8 🗆 Residence	6 D Other (Speci	fy)				
Ť	27. MANNER OF DEATH	26s. DATE OF INJ (Month, Day,)		TIME OF	28c. INJ	URY AT	28d. OEŞCRIBE	HOW INJURY	OCCURED			
ВУ	2 Accident Fending Investigation			М		YES 2 NO						
EDE	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	JURY — At home, fi (Specify)	erm, street, fac	ctory, offic	•	261. LOCATION (City or Town		mber or Rural	Ploute Number,		
	4 Homicide determined							=				
COMPLET	(Critical Unity	CIAN: To the best of my										
Š.	XXXIMEDICAL EXAMINE	T: On the beauty of exam	ination and/or invest	igation, In my	opinion, c	leath occured at the	time, date and pl	ece, and due t	to the cause	(s) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CENTIFIES	hole	10			29c. LICENSE NU	MBER	29d.		D (Month, Day, Year)		
			OCIE TELES									
	Surce	1000	1013			00.15				90		
70	30. NAME AND ADDRESS OF PERSON WH				eet.		21201			VC VC		
	JULIA C. GOODIN		111 Per		eet,	Maryland	21201					

page 5 should be detected for use as the burial-transit permit. Pages 1, 2, 3 should hay be retained by the hospital or attending physician. ORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- mours after the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remover. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

Colored William

1 - STATE REGISTRAR	SIAIE UF MI		DERTIF	ICATE	OF	DEA	AND I	MENIA	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
JAMES LARRY	JORDAN	1						FEBI	RUARY		1990	9:25 p M
4. SOCIAL SECURITY NUMBER	S. SEX	3. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER			OF BIRTH		S. BIRTHE	PLACE (State or Foreign
249-28-1666	I □X M 2 □ F	66	YRS.	MONTHS	DAYS	HOURS	MIN.		124/23		FAIR	FIELD, SC
9a. FACILITY NAME (if not institution, give street	et and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DI			9c. COL	INTY OF DE	
MARYLAND GENERAL	HOSPITAL	,		BAI	TIMO	RE (CITY		17	BA	LTIMO	RE CITY
RESIDENCE OF DECEDENT			do OT	Y, TOWN (20.10047	1011						AND BURNE OUT
MD			1	LTIM		ION						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			l Dr	AL III		ZIP COD	-			40 a C13		1 X YES 2 NO
2611 E. PRESTON ST	DEET				101.	212				Tog. Cr	USA	HAI COONTRY?
	2. WAS DECEDENT	EVER IN U.S.	ARMED	13.	WAS DEC			VIC OBIGIN	l? (Specify Yea	or No-		- American Indian.
1 Never Married 2 Married	FORCES? 1	YES 2				city Cubi	en, Maxice	in, Puerto I	Rican, etc.)	01 110	Black, Specify	White, etc.
3 Widowed 4 X Divorced	W 120, GIVE W	TOTI DAILE			1 [123	4CA NO	opecn	,			apecin	BLACK
15. DECEDENT'S EDUCA (Specify only highest grade of		16a.	DECEDENT'S (Give kind of				na	16b	. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		lite. Do NOT u	sa retired.)								
		N/	A							SABL	ED	
17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden		CL EV	
JOHN JORDAN							TIEN				SLEY	
19a. INFORMANT'S NAME (Type/Print)									ber, City or Town			1010
WILLIE MAE JOHNOSM							-	EI/B/	ALTIMOR			1213
20a. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remov	el from Stata	MOU	CE OF DISPO	_VARY							RUNDE	
4 Donation 5 Other (Specify)	OFF.	MOU	NI CAL		NAME AN			OIL ISOV	AINI	VE A	KUNDE	L CO. MD
	Ward	1										
XIIII KI	rusian	/		WN	1. C.	. MAI	RCH	F/H :	1101 E	. NO	RTH A	VENUE
23/ PART I Enter the disesses, or co shock, or heart fallure. Li	mplicetions that	coused the	death. Do	not ents	the mo	de of dy	ing, suc	h se care	diec or respi	ratory e	rrest,	Approximate Interval Batween
IMMEDIATE CAUSE (Final	SEL	SIS		mani		.6			Jaman	ط در د ال		Onset and Death
disease or condition resulting in death) a.	rapri	L OF GREAT	FHEM	III LILLAN	SIC .	(Ve	ncil	ator	depen	CHILL	-4	
		OR AS A CON										
Sequentially list conditions, b.		ERE P)ISE/	ASE						
If any, leading to immediate cause. Enter UNDERLYING	DOE 10 (6	OR AS A CON	SECUENCE O	n-):								
CAUSE (Disease or injury C.	DUE TO (OR AS A CON	SEQUENCE O	PD:								1
that initiated events resulting in death) LAST				,								
d.												
PART II. Other significant conditions	contributing to d	leath but no	t resulting	In the u	nderlylng	g couse	given in	Part I.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
									1 - YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
												1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF	DEATH (C	heck only o	ne)			
1 TYES 2 T NO	Xinpatient 2			4 🗆 Nu	rsing Hom		esidence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF 8 (Month, Day	NJURY (, Year)	26b. Tile IN	JURY		RK7		28d. DE:	SCRIBE HOW I	NJURY O	CCURED	
2 Accident Investigation				М		/ES 2 [NO					
3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF building, e	INJURY — At tc. (Specify)	home, farm,	street, fac	tory, office	•		28f. LOC City	or Town, State)	and Numb	er or Rural R	oute Number,
29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of n	ny knowledge,	, death occur	red at the	time, deta	and place	e, end du	to the ce	use(a) and mar	ner as st	ated.	
one) 2 MEDICAL EXAMINER:	On the besis of an	mination and	or investigati	on, in my	opinion, d	eath occu	red at the	time, data	and place, an	d due to	the cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	4		· · · · · · · · · · · · · · · · · · ·			29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
legue MPan	_ M.D	,					n/a	ı		•	2/7	190
30, NAME AND ADDRESS OF PERSON WHO		E OF DEATH (
Regina Bruni,	M.D.		c/o	Mar	ylan	d Ge	nera	l Ho	spital			
31 DATE Ell ED (Month Day Year)	32 REGISTRAS	O CICNISTIIO	-									

thed for use as the burial-transit permit. Pages 1, 2, 3 should Inspital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be no TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may in TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

HYLAND 21203-3146

BALTIMORE, W

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FEB 12 1990 July Sairdson-Ronder

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be really THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 may be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not

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										90	03130
	1 - STATE REGISTRAR	STATE OF N				OF DEATH	ID MEN	TAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF OEATH		YEAR 3	. TIME OF DEATH
	MALLI	E	Ţ.	JON	es, S	R.					10:20 P M
ì	4. SOCIAL SECURITY NUMBER 579-18-5851	5. SEX 1 M 2 F	6. AGE (In yrs. les		IF UNDER 1 Y			orth, Day, Year)		6. BIRTHPI Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY, TO	OWN OR LOCATION O	F DEATH		9c. COU	NTY OF DEA	тн
DIRECTOR	THE JOHNS HOPKI	NS HOSPI	TAL			TIMORE C	ITY		RAI	TIMO	
DIRE	10e. STATE 10b. COUNTY				LTIMO					6d. INSIDE CITY LIMITS? XES 2 NO	
FUNERAL	100. STREET AND NUMBER 816 N. GLOVER ST	REET				101. ZIP CODE 212	าร		JSA	AT COUNTRY?	
S.	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. AR	MED		B DECENDENT OF HI	SPANIC OF			14. BACE -	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	WWII	AR OR DATES				pecify:	no mean, acc.)		Specify:	BLACK
뎶	15. DECEDENT'S EDUC (Specify only highest grade of		/G	CEOENT'S L	ork done duri	IPATION ng most of working		16b. KIND OF BUS	SINESS/INC	DUSTRY	
BECOMPLETED	Elementary/Secondary (0-12) 9th	College (1-4 or 5	-)	. DO NOT USE NEER/	,	DIAN		BALTO.	CITY	/ SCH(00L
000	17. FATHER'S NAME (First, Middle, Last)	_				18. MOTHER		rst, Middle, Maiden			
	VIRGIL JONES 19a, INFORMANT'S NAME (Type/Print)		19	h MAILING	ADDRESS /S	JEAN		PERCEL		Code)	
2	ELIZABETH JONES					VER STRE				2120	05
rigi	20a. METHOD OF DISPOSITION 1	wal from State	20b. PLACE other pl GARRI	aca)		of comotory, crometor				City or Town	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	A i	3011		ME AND ADDRESS C			11105	11166	5, 110
- 1	Dalla K. V	narci	0		WM.	C. MARC	H F/F	1101 E	. NO	RTH A	VENUE
	23. PART I Enter the disesses, pr can ahock, pr heert fallure. L				ot enter th	e mode of dying,	such as	cardiac or respi	ratory an	rest,	Approximeta Intervai Between
immediate cause (Finel disease or condition resulting in death) a. Aspitation freumonia										Onset and Death	
	reauting in death)	1 ~		ast (198	15/198	7/1990	2				
ON O	disease or condition resulting in death) a. ASPITATION INCUMORIA DUE TO (OR AS A CONSEQUENCE OF): CVA Stroke - recurrent (1985/1987/1996) Sweet DUE TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										
S	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
CERTIFICATION	that initiated events resulting in death) LAST	DOE 10	(OR AS A CONSE	OUENCE OF):						
T. 1	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
3	NIDDM		-11127			,,,,,,	170000	PERFOR	MED?	1	MAJEABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL	MI 198	84						/			PF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL		-			28. PLACE OF DEAT	H (Check or	ily one)			
SIC	EXAMINER?	NOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	g Home 5 🗆 Reside	nca 8 🗆	Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF (Month, D		26b. TIME INJU	JRY	IC. INJURY AT WORK?		DESCRIBE HOW I	NJURY OC	CURED	
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE C building,	F INJURY — At ho atc. (Specify)	- At home, farm, atreet, factory, office				26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER Check only	CIAN: To the beat of	my knowledge, de	eath occurre	d at the time	, date and place, an	d due to th	cause(a) and man	ner as sta	ted.	
NOC	one) 2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or	Investigation	n, in my opir	tion, death occured i	nt the time,	deta and place, an	d due to t	he cause(a)	and manner as stated.
8E	296. SIGNATURE AND VITLE OF CERTIFIED	wis cond	(-	FUTG	(10	29c. LICENS		92)	29d. DAT	Z / 6	Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)	JOHNS HOP	P	- /			mD 21205
	MAN FUN	G, MD	60	10	VORT	H WOLF	5 57	REET , B	ALTIN	NORG.	70515 Gm

TO BE COMPLETED BY FUNERAL DIRECTOR

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rector.		must
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, part of the		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be man
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9	after	28 1
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FUNER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT
H	filed	POR
2	8	Ξ

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

M.D.,

32 MEGISTRAB'S SIGNATURE

Kathleen Stevens,

CERTIFICATE OF DEATH REG. NO.
Clayton Johnson (BABY) 4. SOCIAL SECURITY NUMBER 5. SEX NOR NOR 6. SEX NOR NOR 6. SEX NOR NOR 6. SEX NOR NOR NOR 6. SEX NOR NOR NOR 6. SEX NOR NOR NOR 6. SEX NOR NOR NOR NOR 6. SEX NOR NOR NOR NOR NOR 6. SEX NOR NOR NOR NOR NOR NOR NOR NOR NOR NOR
4. SOCIAL SECUNTY NUMBER NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE
94. FACULTY MAME (if not institution, give street and number) 94. CITY, TOWN OR LOCATION OF DEATH SINAI HOSPITAL OF BRITTIMORE 106. CITY, TOWN OR LOCATION Baltimore City 106. CITY, TOWN OR LOCATION Baltimore City 107. SPODE 109. CITIZEN OF WHAT COUNTRY 108. STATE 108. STATE 109. CITY SE 1
Sinal Hospital of Baltimore Baltimore City N/A
160. CITY, TOWN OR LOCATION 160. CITY OR LOCATION 160. CITY
10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore City 10d. INSIDE CITY 11g. YES 2 N 11g. YES 3
Maryland Baltimore City 10.2P CODE 10.5P CODE 1
11. MANTAL STATUS 11. MANTAL STATUS 11. MANTAL STATUS 11. MANTAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 YES 2 2 2 2 2 2 2 2 2 2
11. MARITAL STATUS 1
11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT SUR U.S. ARMED PORCES? 1 TES 2 2 200 Merried 13. Was December of Hispanic Origin? (Specify Vee or No— 14. RACE — American indien Bleck, White, etc. Specify: U.S. ARMED PORCES? 1 TES 2 200 Merried 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 15. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 15. MOTHER'S NAME (First, Middle, Melden Surneme) 15. MARITAL STATUS 15. WAS DECENENT OF HISPANIC ORIGIN? (Specify Vee or No— 15. Specify: 1 TeS 2 200 Merried 15. Was DECEDENT OF HISPANIC ORIGIN? (Specify Vee or No— 15. Specify: 1 TeS, GIVE WAR OR DATES 15. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Vee or No— 15. Was December of Hispanic Origin? (Specify Vee or No— 15. Was December of Hispanic Origin? (Specify Vee or No— 15. Was December or Specify: 1 TeS, GIVE WAR OR DATES 15. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Vee or No— 15. Was December or Origin? (Specify
Source S
Continue Continue
Clave find of work done during most of working
None 17. FATHER'S NAME (First, Middle, Last) Carl Johnson 18. MOTHER'S NAME (First, Middle, Meiden Surmeme) Lesa Johnson 19. MAILING ADDRESS (Street and Number or Furnal Route Number, City or Town, State, Zip Code) Kathleen Stevens, M.D. 20s. METHOD OF DISPOSITION 1
T7. FATHER'S NAME (First, Middle, Last) Carl Johnson 19a. INFORMANT'S NAME (Type/First) Kathleen Stevens, M.D. 20a. METHOD OF DISPOSITION 1½ Burlat /2 L Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremationy or other place) Lorraine Park Cemetery Woodlawn Cemetery 21d. AMME AND ADDRESS of FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21 23. PART Lense the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or reepiratory errest, interval Bet Onset and disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Final disease or injury thet initiated events) Due to (or As A consequence of): Due to (or As A consequence of): Due to (or As A consequence of): Due to (or As A consequence of): Due to (or As A consequence of): Due to (or As A consequence of): Due to (or As A consequence of): Due to (or As A consequence of): Due to (or As A consequence of):
Carl Johnson Lesa Johnson 196. INFORMANT'S NAME (Type/Print) Kathleen Stevens, M.D. 206. METHOD OF DISPOSITION Stevenston 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 106. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kathleen Stevens, M.D. 206. METHOD OF DISPOSITION (Name of cemetery, crematory or other place) 107. Mare and place of DISPOSITION (Name of cemetery, crematory or other place) 108. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 109. MAILING ADDRESS (Street and Number, City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other flow) 109. MAILING ADDRESS (Street and Number, City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or complete 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other flow). 109. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or complete 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or complete 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or complete 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or complete 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery,
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kathleen Stevens, M.D. 20b. PLACE OF DISPOSITION Sinai Hospital of Baltimore 20c. LOCATION — City or Town, State 17k Burlat /2 Cremation 3 Removal from State 17k Burlat /2 Cremation 3 Removal from State 17k Burlat /2 Cremation 3 Removal from State 17k Burlat /2 Cremation 3 Removal from State 17k Burlat /2 Cremation 3 Removal from State 17k Burlat /2 Cremation 3 Removal from State 17k Burlat /2 Cremation 3 Removal from State 17k Burlat /2 Cremation 3 Removal from State 17k Burlat /2 Cremation 3 Removal from State 17k Burlat /2 Cremation 3 Removal from State 17k Burlat /2 Cremation 9 Removal from
Kathleen Stevens, M.D. Sinai Hospital of Baltimore 20s. METHOD OF DISPOSITION 1 X Burlet 1/2 L Cremation 3 Removal from State 4 Donetten 5 D Other (Specify) Lorraine Park Cemetery Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21 21 PART L Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, interval Battlebease or condition s. Sepsis Due to (or as a consequence of): Prematurity Due to (or as a consequence of): Respiratory Distress Syndrome CAUSE (Disease or Injury that initiated events Due to (or as a consequence of): Respiratory Distress Syndrome
20a. METHOD OF DISPOSITION 1 X Burlet /2 Crementon 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) LOTTAINE PARK Cemetery Woodlawn Cemetery 22. NAME AND ADDRESS OF FACILITY LOTING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or recpiratory errest, interval Bate on the control of the control
Note Note
22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21 23. PART 1. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, interval Bet Onset and
Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21 23. PART I Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or reepiratory errest, interval Bet Onset and interval B
23 PART Lenter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or reepiratory errest, interval Bet Onset and interval Bet Onset a
Approximation the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or reepiratory errest, shock or heart feliure. List only one cause on each line. Sepsis Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Approximation interval Bet Onset and inter
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events b. Prematurity DUE TO (OR AS A CONSEQUENCE OF): c. Respiratory Distress Syndrome DUE TO (OR AS A CONSEQUENCE OF):
DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events C. Respiratory Distress Syndrome DUE TO (OR AS A CONSEQUENCE OF):
CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):
thet initiated events DUE TO (OR AS A CONSEQUENCE OF):
resulting in desth) LAST Hypotension
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FIN
PERFORMED? AMAILABLE PRIOR TO
of DEATH?
Pneumomediastinum 1 □ YES 2 X NO
Anemia
25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:
1 VES 2X NO 1 XImpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 ★ Netural 5 Pending
2 Accident Investigation
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and manner as stated.
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(e) and manner as sta
29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

21215

▶ 2-5-90

D-23751

Sinai Hospital, 2401 W. Belvedere Ave., Baltimore, Md.

DHMH-16 Rev 1/89

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	unst
	INT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical
tion,	the
стета	went,
to bunial	other traumatic event, the m
prior	tra
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Mental H	njury, or
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of Health	shows a
Dept.	23
State	Item
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after	28
hours	Ee
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_		REGISTRAR		CERT	IFICA	E OF	DEATH	REG.	NO.			
ſ		1. DECEDENT'S NAME (First, Middle, Last) Alice	F. J	ENKINS				2. DATE OF DEATH		9 97 3.	9:10 a _M	
		4. SOCIAL SECURITY NUMBER 217-60-1570		(In yrs. lest birthd	MONTH	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) Country)			ACE (State or Foreign Vland	
-		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF										
1	DIRECTOR	Franklin Squar	e Hospital		В	alti	more		Ba1	timore	County	
	RE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										
-		Md. Balt:	imore		Bal-	timo	re			1	☐ YES 2 🙀 NO	
	ERAL	10e. STREET AND NUMBER				10	1. ZIP CODE		10g. CIT	IZEN OF WHA	T COUNTRY?	
	H.	7419 Old Harf					212	134	U.	S.A.		
	BY FUN	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:						American indien, /hita, etc.	
- 1	ED	15. DECEDENT'S EDUC	ATION	16. DECEDEN	T'e HeHAL	OCCUPATI	ON	145 KIND OF	BUCINESS /IN		White	
	ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)										
	7	12th	College (I-4 or 5+)	,	ious	oui f		1	ome			
nce.	COMPL	17. FATHER'S NAME (First, Middle, Last)			ions	ewii			- 111	-		
ato		17. FATHER'S NAME (First, Middle, Lest) George Hochrein Alice Arminger										
ffied	BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRI	SS (Street :		Route Number, City or		Code)		
101	٤	Mr. Ronald H.	Stoll	21	43 F	alco	n Dr. P	asadena	. Md.	211	2.2.	
must be notified at once.		20a, METHOD OF DISPOSITION 11 Buriel 2 Cremation 3 Remo	20				metery, cremetory or		LOCATION -			
E		4 Donation 5 Other (Specify)	wai from Stata		arkw	ood	Cem.	E	alto.	. Md		
iner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
жаш	Hartley Miller Funeral Home 7527 Harford Rd. Balto. Md.											
E3 -		23. PART I. Enter the diseeces, or c	omplications that couse	d the death. [Approximata	
other traumatic event, the medical examiner		ahock, or heert fellure. I	Chronic O	struct		ulmoi	nary Dise	ease			Interval Between Onset and Death	
eve	Due to (or as a consequence of): Denal Failure											
таті	CERTIFICATION	Sequentially list conditions, Due to (or as a consequence of):										
tran	¥	cause. Enter UNDERLYING Gastrointestinal Bleeding										
ther	ᇤ	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS	A CONSEQUENC	E OF):							
0 0		reaulting in death) LAST										
23.1	- 11	PART II. Other algnificent conditions	contributing to deeth	but not recuiti	na in the	underivin	na cause aiven in	Part I 24a WAS	AN AUTOPSY	24h W	ERE AUTOPSY FINDINGS	
any Injury,	EDICAL					undonym	ig occord giron in	PERFORMED?			MILABLE PRIOR TO OMPLETION OF CAUSE	
								1 _ YE	S 2 XNO	0	F DEATH?	
	Σ							_		1	YES 2 NO	
23	AN	25. WAS CASE REFERRED TO MEDICAL				26 P	LACE OF DEATH (Ch	eck only one)				
or item	SICIAN:	EXAMINER?	HOSPITAL:	tantiant 2 7 DC	ОТН	ER:						
0	PHYS	27. MANNER OF DEATH	28a. DATE OF INJURY	7	TIME OF	_	JURY AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OC	CURED		
		1 Netural 5 Pending	(Month, Day, Year)		INJURY		ORK? YES 2 NO					
	ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR		rm, street, 1	actory, offic	co	281. LOCATION (St		r or Rural Rou	te Number,	
28 ls	ETED	4 Homicide determined	building, atc. (Sp.	ecify)				City or Town, S	tate)			
Eem	۳.	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wiedge, death oc	curred at th	e time, dat	a and place, and dus	to the cause(s) and	menner as sta	rted.		
= :	COMPL	(Orlock Only	R: On the basis of examinati								nd menner as stated.	
TAN		29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU	MBER	29d, DA	TE SIGNED (M	fonth, Day, Year)	
2	200	011	MI.	~ W	D		N/A		•	2/10	190	
=	일	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF D	EATH (ITEM 27)	Type, Print)		1,			1	1	
		David Kaufman			clin	Squar	re Drive	Ва	ltimor	e	21237	
		FFR 1 9 1000 4.1	32. REGISTRAR'S SIG									

TATE	0F	MARYLAND A	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATI	O	F DEAT	ГН		REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)	Aka	Mary	· M	em			2.	2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH
	Virginia			KLEIN					Fe	February 9,1990 February			3:26 am
	4. SOCIAL SECURITY NUMBER 219 28 377		5. SEX 1 M 2 XF	6. AGE (In yrs. less 75		IF UNDER	YEAR DAYS	IF UNDER 24 H		DATE OF BII	RTH		PLACE (State or Foreign
	9a. FACILITY NAME (If not ins	titution, give st	treet and number)			9b. CITY,	TOWN C	R LOCATION (OF DEATH	н	9c. 0	OUNTY OF E	
TOR	Franklin RESIDENCE OF DEC	Sq. Ho	spital			Rossville						Baltimore Co.	
H H	Maryland			TOWN O	-						10d. INSIDE CITY LIMITS?		
▫	Maryland Baltimore 10a. STREET AND NUMBER 10g. CITIZEN OF WY											12 YES NO	
FUNERAL DIRECTOR	1048 Iri	s Ave.	•				101	2120	5		10g.	US.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4	T EVER IN U.S. ARI YES 2 N AR OR DATES	MED	11	yes, sp	cify Cuban, M			ecify Yea or No etc.)	- 14. RAC Blec Spec	E — American Indian, k, Whita, etc. White		
		DENT'S EDUC		16a. DE	CEDENT'S I	JSUAL OC	CUPATIO	ON .		16b. KIND	OF BUSINESS	/INDUSTRY	
COMPLETED	Elementary/Secondary (0-	highest grade	College (1-4 or 5 -	·) (Gi	Do NOT use Sean	ork done d retired.) ISTRE	SS	st of working			Cloth	ing C	0.
	17. FATHER'S NAME (First, Mic	_	nes					18. MOTHER	s name nna	(First, Middle,	Maiden Surnan	10)	
TO BE	19a. INFORMANT'S NAME (7) Teresa Marie	pe/Print)		198	MAILING	ADDRESS	(Street a	nd Number or F	Ball	te Number, Cit	ly or Town, State	Zio Coco) 1221	
	20a. METHOD OF DISPOSITIO	ON 3 Rame	0	20b. PLACE	OF DISPOS	TION (Nat	ne of cer	netery, cremator			20c. LOCATION	I — City or To	
	Round 2 Cremation 3 Ramoval from Stata Communication Baltimore Ramoval from Stata Baltimore Communication Baltimore Market Baltimore Baltimore Baltimore Market Baltimore												
	Bruzdzinski. Funeral Home PA 1407 Old Eastern Ave. Balto., Md. 21221 23. PART Enter tha diseases, or complications that caused the daeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
CERTIFICATION	shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CERTI	resulting in death) LAST												
MEDICAL	PERFORMED? 1 YES 2 NO OF DEA										b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
X	25. WAS CASE REFERRED TO EXAMINER?					LACE OF DEAT	H (Check	only one)					
S	1 VES 2 NO	ER/Outpetient 3	□ DOA	OTHER		e 8 🗆 Reside	enca 8	Other (Spe	octfy)				
Y PHYSICIAN:		Pending	28e. DATE OF		28b. TIMI		28c. IN. W0	PRK?		8d. DEŞCRIB	N/A	OCCURED	
TED BY	2 Accident 3 Suicide 8 4 Homicide	me, farm, a	treet, fact	ory, offic	•	2	Bf. LOCATION City or Tox	(Street and Nu	mber or Rural	Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.												
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	R (PI	nsicia	~`			29c. LICENS	e NUMBE	101	29d.	DATE SIGNE	D (Month, Day, Year)
5	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAU		M 27) (Type,	Frint) 590	7/ /	HARF	600	RO	BACT.	MD	21214
	31. DATE FILED (Month, Day,	-	32. REGISTRA	R'S SIGNATURE		,,,,		, , , ,	-	,	-		
	1	الادا م	1 Grand	widson Ra	MOLA BE			-		-	-		DHMH-18 Ray 1/89

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	must	١
	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	nedical	Ì
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hours	item	

IMPORTANT: II

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH		MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) I.OIS KEYSER					2. DATE OF DEATH DAY FERRUARY 7. DATE OF BIRTY				
		1 M 2 X F 5	4 YRS. MON		MIN.	SEPT 15	0	MARYLAND		
TOR	THE JOHNS HOP			BALTIMORE				IMORE		
DIRECTOR	10a, STATE 10b, COUNTY MARYLAND			WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
	10e. STREET AND NUMBER			10f. ZIP COC				OF WHAT COUNTRY?		
FUNERAL	3202 DUDLEY AVENUE	12. WAS DECEDENT EVER IN		21213		NIC ORIGIN? (Specify Yea	USA or No 14. 1	RACE — American Indian.		
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	TES **	If yes, specify Cub 1 YES 2 NO	en, Maxica	n, Puerto Ricen, etc.)		Bleck, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of work of life. Do NOT use reti	AL OCCUPATION done during most of work red.)	ing	16b. KIND OF BUS	INESS/INDUST	RY		
MPL	12	2	HOUSEWIF			AT HO				
	17. FATNER'S NAME (First, Middle, Last) CARROLL BE	NICK				ME (First, Middle, Malden S				
TO BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town				
	RONALD KEYSER 20a. METNOD OF DISPOSITION	206.	3202 DU			LTIMORE, MI	212)			
	1 XBurial 2 Cremation 3 Ramon 4 Donation 5 Other (Specify)	val from Stata	WOODLAWN				TIMORE.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DIPPEL FUNERAL HOME, INC. 7110 BELAIR ROAD BALTIMORE, MD. 2									
N	I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, Sequentially									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente reauting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): STATE OWANAW STATE O									
PHYSICIAN: MEDICAL (PART II. Other algorificant conditional					Part f. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO		
CIA		HOSPITAL:	OT	26. PLACE OF	DEATH (Ch	eck only one)				
	1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Nursing Nome 5 F 28c. INJURY AT WORK?		6 Other (Specify) 28d. DE\$CRIBE NOW IN	JURY OCCURE	80		
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spec	At home, farm, street	M 1 YES 2	<u> </u>	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	ecol .	IAN: To the best of my knowl						use(a) and manner sa stated,		
TO BE C	296. SUMATURE AND TITLE OF CERTIFIER	Jam	In st	29c. LK	SNED (Month, Day, Year)					
	30. NAME AND ADDRESS OF PERSON WHO	NICEK, V	NO 82	9 J.H.H. 6	00 N		BALTO	MD 21205 2/23/		
	31. DATE FILED Modern Hoy, 1 2 199(32 ASSISTANSAIDO	Manalanland			9				

/		pino		
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death free C may be mained by the hospital or attending physician.	ages 1, 2, 3 sh		
		nsit permit. P.		
-3146	ding physician	the burial-tra		
BALT MORE, WARYLAND 21203-3146	spital or aften	ed for use as		
SYLAND	ed by the hos	uld be detach		ed at once.
BE, WA	The Jestin	x, page 5 sho	1	st be notiff
ALT MOS	eath the	fune: No electro	1	xaminer mu
18	nours after d	led in by the	or removal.	medical e
146,	nted within 29	completely fil	rial, cremation	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BOX 13	ficate be exec	physician and	ne prior to bu	er traumati
S, P.O.	ne death certif	the attending	Mental Hygier	ljury, or oth
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	equires that th	en signed by 1	of Health and	hows any in
ITAL B	AN: The law n	ificate has be	State Dept.	r item 23 s
N OF	ING PHYSICIA	After this cert	leath with the	marked, o
DIVISIO	OR ATTEND	DIRECTOR: /	hours after d	item 28 is
	THE HOSPITAL	THE FUNERAL	fled within 72	IMPORTANT: If Item 28 is market
	2	2	8	M

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If item

TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR	STATE OF I		CERTIF						REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Last								2. DAT	E OF OEATH	DAY	YEAR	3. TIME OF DEATH
Beulah 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last blebeled	IF UNDER		Mer	0.4 MD0	7 DATE	OF BIRTH	8	90	NPLACE (State or Foreign
215-50-0092	1 1 M 2 X F	98		MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Your		Coun	try)
9e. FACILITY NAME (If not institution, give		90		96, CITY	TOWN C	OR LOCATIO	ON OF D	Feb	13,		INTY OF I	aryland
Union Memo		ital		140		ltim			/			
RESIDENCE OF DECEDENT			1 21 22									1
Maryland 10b. coun	14		10c. CI	TY, TOWN		ltim	ore	City	,			10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER						ZIP CODE		CIU	7	10a CI	IZEN OF	1 X YES 2 NO
3707 Fran	kford Ave	nue				2	1206	5				ed States
11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S.	ARMED			ENDENT O	F HISPAI	NIC ORIGI		Yee or No-	14. RAC	E — American Indian.
1 Never Married 2 Merried		MAR OR DATES	Хио			2 X NO			Rican, etc.		Spec	ck, White, etc.
3 X Widowed 4 Divorced	1											White
15. DECEDENT'S ED (Specify only highest grad		16a.	(Give kind of life. Do NOT u	work done	CCUPATIO	ON ast of workin	19	16	b. KIND OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)		usewi								
17. FATHER'S NAME (First, Middle, Last)			110	usew.	. 1 C	18 MOTI	HED'S NA	ME (First	Middle Mei	den Sumame)		
Frederick		M	leyers			I SC MOTI		abel	migoro, mai	oen comana,	Min	or
19e. INFORMANT'S NAME (Type/Print)					S (Street a	ind Number	or Rural	Route Nur	nber, City or	Town, State, Z	ip Code)	
John F. Kammer			37	07 F1	ank	ford	Ave	. B	altin	nore,	Md.	21206
20e. METNOD OF DISPOSITION 1 ☑ Burlet 2 ☐ Cremetion 3 ☐ Re	manual from State		CE OF DISPO	SITION (N					20c	LOCATION -	- City or T	own, State
4 Donation 6 Other (Specify)	moval from State		y Rede	eemer		2/12/	/90		В	altimo	re	Maryland
21. SIGNATURE OF FUNERAL SERVICE I	Milto	n J Knei	ght Jr	22.	NAME A	ND ADDRE	SS OF FA	ACILITY				21214
Multon	Kne	ill L		L	eona	rd J	. Ru	ick,	Inc.	5305	Har	ford Road
23. PART I. Enter the disesses, of ahock, or heart fellure				not anter	tha mo	de of dy	Ing, suc	h as ce	rdiac or re	apiratory a	rreat,	Approximata
IMMEDIATE CAUSE (Final	. List only ona ca	use on each i	ma.									interval Between Onset and Death
disease or condition resulting in death)	4	Com	a									3 week
	DUE TO	(OR AS A CON	SEOUENCE (OF): 1		1		~ /	A	0 ,		2 1
Sequentially list conditions,	b	OR AS A CON	Ma	C 41	LW	سرر	TWU	2	1	fib acc	C	RUR JUK
If any, leading to immediate cause. Enter UNDERLYING	FNO!	(OH AS A COM	L	0.40	la.	0	Va	أمر	,000	act	11/10	MA 2 L.
CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A COM	SEQUENCE (DF):	us c		04			·	, topus	Juls
resulting in deeth) LAST	ā	12										
DART II. Other significant condition	and contails at the state of	donth had a		In the co			-to-	D. a.I.				
PART II. Other algorificant condition	ons contributing to	deeth but no	ot resulting	in the u	nderiyin	g cause	given in	PRIT 1.		AN AUTOPSY FORMED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
								-	1 🗌 YE	S 2 NO		DF DEATN?
												1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. Pi	LACE OF D	EATH (C	heck only	nge)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatien	1 3 D DOA	OTHE	R:				ner (Specify)			
27. MANNER OF DEATH	28a, DATE O	F INJURY	26b. TI	ME OF	28c. IN.	JURY AT		Y .		W INJURY O	CCURED	
1 Natural 5 Pending Investigation	1 1 1	9 90	16	JURY M		YES 2	NO	F	200	lion	CI	IA or A. Dib
2 Accident Investigation 3 Suicide 6 Could not b	26e. PLACE	OF INJURY — A	t home, farm,	, street, fac	tory, offic	100			CATION (Str		r or Rural	Route Number R VI
4 Homicide determined	bullding	, etc. (opecity)							y or rown, o	iano)		Clink
29e. CERTIFIER (Check only	SICIAN: To the best of	f my knowledge	, death occur	rred at the	flme, date	and place	, and du	e to the c	euse(e) end	manner as st	ated.	
and a	NER: On the basis of	examination end	or investigat	lon, in my	opinion, d	death occu	red et the	e time, de	te end place	, and due to	the ceuse	(a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIF	er Vince	ent Wro	blews	ki,11.	D.	29c. LIC	ENSE NU	IMBER		29d. D/	TE SIGNE	(Month, Day, Year)
Vinco	mit P.	Wio	& lec	vsk	1 1	10				•	2/	3/90
30. NAME AND ADDRESS OF SERSON	AND LONG FELER BA	SE OF OEATH	(ITEM 27) (Typ	oe, Print)	,						1	
VINC		· WRC	TE LE	WS	71	MI	>					
31. DATE FILED (Month, Day, Year)	32. REGISTR	ARIS SIGNATUR	te Conda	2								
× 8/90% 8	JU guma	Property Comments										

The hospital or attending physician.

BALTIMORE MARYLAND 21203-3146

nours after death. Page 6 mm DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - REGISTRAR		CE	RTIF	ICATE OF	DEATH	REG. NO).						
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATN		3. TIME OF DEATH					
- 3	Mary Loui	se Luck	ert				February 1	1,1990	1000 A. M					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last i	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, OATE OF BIRTH	6, 6	BIRTNPLACE (State or Foreign					
	212-20-8577	1 🗆 M 2 💢 F	65	YRS.	MONTHS DAYS	HOURS MIN.	April 22,	1924 N	laryland					
	9a. FACILITY NAME (If not institution, give :	street and number)			96. CITY, TOWN C	R LOCATION OF DE	EATN	9c. COUNTY	OF DEATN					
DIRECTOR	6013 Crossway				Eldersh	ourg		Carrol	.1					
EC	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?					
DIE	Maryland Balt	timore		(Catonsvil	l1e			1 YES 2 X NO					
	10e. STREET AND NUMBER					. ZIP CODE		10g. CITIZEN	OF WNAT COUNTRY?					
FUNERAL	102 Glenwood Aver	nue				212:	28	Unite	ed States					
5	11. MARITAL STATUS		T EVER IN U.S. ARM		13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No— 14.	RACE — American Indian, Black, White, atc.					
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced		MAR OR DATES			2 NO Specif			Specify: White					
COMPLETED	15. DECEDENT'S EDU		16a. DEC	EDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUST						
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5												
7	12th. grade	The S	unpaper	'S										
ON	17. FATNER'S NAME (First, Middle, Last)	Sumame)												
	John T. Scannell Anna Baldwin													
BE (19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
5	Frederick G. Luckert, Jr. 132 Nichols Drive Taunton, Massachusetts													
	20s. METNOD OF DISPOSITION 1X Burial 2 Cremation 3 Ren	and town State	20c. L0	OCATION — City	or Town, State									
	4 Donation 5 Other (Specify)	TOVAL ITOM STATE	New Ca		iral Ceme	etery	Ba1	timore,	Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LI		ND ADDRESS OF FA			TNC								
	> Shope Stu.	Kelln	er		,		Funeral Di		, MD 21133-478					
	23. PART i. Enter the disesses, or	complications the	at coused the des	th. Do										
	ehock, or heert fellure. List only one ceuee on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Progressing Synthet Proschal Obstraction due to													
		must	OF AS A CONSECU	JENCE C)F):	- O10	Carana	· Com						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEQU	UENCE C	F):	0	- nemra	5 7						
CA	cause. Enter UNDERLYING	. Ckses	no Ola	iln	etino /	Kereta.	ti							
E	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEO	UENOS	Pt.	1	, .							
ERI	resulting in death) LAST	d. Jelin	day C	Tol !	energ to	Lyps 4	ensem							
	PART il. Other significant conditio	ne contributing to	death but not re	eultlog	In the document	forme alven in	Port I. 24s, WAS AI	H ALITORRY	24b. WERE AUTOPSY FINDINGS					
DICAL			aluse	outting	ill trip-errorerry	g couse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
ă	- CHON THE CLASS	nece	and a				1 TYES	2 NO	OF DEATH?					
ME						•			1 TYES 2 NO					
Ä														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEATH (C	heck only one)							
YS	1 TYES 2 NO		ER/Outpatient 3				e Other (Specify)							
급	27. MANNER OF DEATN 1 Netural 5 Pending	26s. DATE O' (Month, I	Day, Year)	26b. TH	JURY WO	JURY AT DRK?	26d. DESCRIBE NOW	INJURY OCCUR	EO					
BY	2 Accident Investigation	28a BI ACE	OF INJURY — At hon	- Arim		YES 2 NO	281. LOCATION (Street	and Alimber of	New Courts Marshau					
COMPLETED	3 Suicide 8 Could not be determined	building	, atc. (Specify)	, 141111,	activity, motory, office	•	City or Town, State		TOTAL POOLS TELEPHONE,					
필	29a. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of	f my knowledge, dea	ith occur	red at the time, data	and place, and du	to the cause(s) and ma	nner as stated.						
OME	one)								suse(s) and manner as stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIE	a /	3			29c. LICENSE NU	MBER	29d, DATE SI	GNED (Month, Day, Year)					
BE	0- 4	and I	11			1-228		>2/1	2/90					
5	30, NAME AND ADDRESS OF PERSON W	NO COMPLETEO CAI	JSE OF DEATH (ITEM	27) (Typ	e, Print)	0-22073 1-112190								
	Dennis Smith 344	9 Wilkens												
	31. DATE FILED Br. 19201990	File Da	AR'S SIGNATURE	402										

- 1	
event,	
JANI: II HEM 28 IS MARKED, OF HEM 23 SHOWS ANY INJURY, OF UTHER BAUMANC EVENT, THE	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
nine	TIFI
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amy	DIC
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	REGISTRAN		- OL		CAIL	01	DEAL	0.0	nc	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE MONTH	DAY	YEAR 90	3. TIME OF DEATH 1:00PH M			
		. Libert						_					
	4. SOCIAL SECURITY NUMBER 215-09-5033	5. SEX	8. AGE (In yrs. last	YRS.	MONTHS 0	YEAR MAYS	HOURS	MIN.	7. DATE OF BIT (Month, Day, 4.—15.	Year)	Counti	PLACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give s	treet end number)			96. CITY, TO	O NWC	R LOCATIO	ON OF DEA	ATH 9c. COUNTY OF E				
e e	Stella Maris				T	OWS	on				Balt	imore Co.	
5	RESIDENCE OF DECEDENT												
FUNERAL DIRECTOR	Maryland 106. COUNTY	_			r, rown on Baltin							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
7	10e. STREET AND NUMBER			-		101.	ZIP CODE	E		10g. C	ITIZEN OF V	VHAT COUNTRY?	
VER/	608 W. Lex	ington St						21201				JSA	
	11. MARITAL STATUS 1 Never Married 2 Merried		T EVER IN U.S. ARI		If y	08, SP6	cify Cube	F HISPANII n, Mexican, Specify:	Puerto Rican,	ecify Yee or No— atc.)	E — American Indien, k, White, etc.		
В	3 Widowed 4 Divorced	11 120, 0112	WII ON BRILD			, 160	Lagar NO	Openy.			7. 111100		
ED	15. DECEDENT'S EDU				USUAL OCC			N/1	16b. KIND	OF BUSINESS/II	NDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	- 15	Do_NOT us	nstres	-	it of workin	79		Clothi	ing		
OM	17. FATHER'S NAME (First, Middle, Last)	iberto					18. MOTI	HER'S NAM	E (First, Middle,	Maiden Surneme)		
BE	Anthony L	MARIANO	ADDRESS (Name of the									
2	Margaret Rohart,	37 R	ivers	ide	Dr.	Bal	to., N	d. 2122	21				
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem 4 Donation 5. Other (Specify)	of dispos	Park (of con	eter, cren	netory or	Baltimore, Md.						
	21. SIGNATURE OF FUNERAL SERVICE LIC	/	22. NA	ME AN	D ADDRE	ss of FAC	Funera	1 Home	PA				
	1407 Old Eastern Ave. Balto., Md. 21221												
	23. PART i. Enter the diseese, or compileations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heert fellure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Probable CVA Due to (or as a consequence of):												
NTION	Sequentially liet conditions, if any, leading to immediate ASCVD DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	c. DUE TO	(OR AS A CONSE	OUENCE OF	F):								
2	PART II. Other significant condition	ne contribution to	death but not a	onultina i	in the und	n what done		alven la f	Bert I 240	WAS AN AUTOPS	v T 244	. WERE AUTOPSY FINDINGS	
EDICAL		- Contributing to	death but not i	esoliting .	m the once	on ym	, cause ;	given in r		PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ									-			1 TES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	ck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	g Hom	e 8 🗆 Re	esidence i	8 Other (Spe	ocify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE O (Month,	F INJURY Day, Year)	28b. TIM	IE OF 2 JURY M	WO	URY AT	¬ NO	28d. DESCRIB	E HOW INJURY	OCCURED		
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At ho, etc. (Specify)	ome, farm,	atreet, factor	y, offic	•		28f. LOCATION City or Tow	(Street and Num vn, State)	ber or Rural	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS											e) and menner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	4 ale	Kan	de	W)	29c. LIC	ENSE NUM	BER 087	29d. 0	ATE SIGNE) (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WE	10 COMPLETED CAN	2300 DU.	M 27) (Type	, Print)	0	DD	Town	on Mo	2120/	,		
	31. DATE FILED (MP) EB 12 19	Qnders	APP SIGNATURE	Short	yall	ey	NU.	TOWS	UH, MU	. 41404	-		
	1 20 16 13	JY 7											

Est date.

1 -	FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERTIFIC	CATE	OF DEATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	,	YEAR	3. TIME O	F DEATH	
Charlie			Lemo	n		Feb	ruary	6,	1990	8:	05	A
4. SOCIAL SECURITY NUMBER	5. SEX (. AGE (In yrs. Is		IF UNDER 1 YE		7. DATE	OF BIRTH			IPLACE (Sta	te or Fore	ilgn
	1 M 2 F	94	YRS.	MONTHS DA	YS HOURS MIN.		(Month, Day, Year) 10/15/95				TNA	
9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	WN OR LOCATION OF D	-	15/55	9c. COL	-		7 7 7 1 2 3	-
Maryland Gene	ral Hosp	ital		Balt	imore Ci	Lty						
	1		10c. CITY,	TOWN OR L	DCATION		10d. INSID	E CITY	_			
S. CAROLINA			MAN	INTNG.	SOUTH CAR	OT.TNA						10
IOo. STREET AND NUMBER			1	,	10f. ZIP CODE			IZEN OF V	VHAT COUN	TRY?	-	
					29102							
	FORCES? 1	YES 2 V	RMED NO	tf yes	s, specify Cuben, Maxic	an, Puerlo I		or No-	14. RACE Black	. RACE — American Indian, Black, White, etc.		l _g
■ X Widowed 4 Divorced	IF YES, GIVE WAI	R OR DATES		1 🛭	YES 2 X NO Speci	lfy:				_		
15. DECEDENT'S EDU	CATION	16a D	ECEDENT'S U	ISUAL OCCU	PATION	186	KIND OF BUS	INESS/IN		ICK		
(Specify only highest grade	completed)	(Give kind of wo	ork done durin		100	KIND OF BUS	INESS/IN	DUSINI			
Elementary/Secondary (0-12)	College (1-4 or 5+)			,								
7 FATHER'S NAME (First Middle I not)					14 MOTHER IS N	ANE /First	Aldela Administra	N				
referred to the proof to the pr					IO. MOTHER S N	AME (FISI, I	Middle, Melden S	surname)				
De INFORMANTIC NAME (See Orient												
HEAT STATE OF THE										NTD OI	1000	
		100									1229	
□VBurial 2 □ Crematton 3 □ Rem	oval from State	20b. PLACE other p	e of disposition	TION (Name o	of cemetary, crematory or							
		MT.	ZION				MANN	ING.	SOUT	H CAI	ROLI	NA
1. SIGNATURE OF FURERAL SERVICE EX	6/1	1					TATESTS A T	CEDI	ITOE	D 4		
VWW/	MUST	1									1 7	
Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Sepsi	DSIS UE TO (OR AS A CONSEQUENCE OF):										
	d	leath but not	resulting in	the under	fying cause given li	n Part i.	24a. WAS AN	AUTOPSY	240	. WERE AUT	OPSY FIN	IDING
										OF DEATH:	ON OF CA	WSE
5. WAS CASE REFERRED TO MEDICAL				- 2	6. PLACE OF DEATH (C	heck only o	ne)					
EXAMINER? 1 TYES 2 X NO	HOSPITAL:	ER/Outpatient			Home 5 - Residence	a 🗆 Othe	r (Specify)					
7. MANNER OF DEATH	28s. DATE OF II	NJURY	28b, TIME	OF 28	thjury at	7		JURY O	CCURED		_	_
1 Netural 6 Pending	(Month, Day	(Year)	INJU									
2 Decident	28e. PLACE OF	INJURY — At I	ome, farm, st	reet, factory,	office	2ar. LOC	ATION (Street a	nd Numbi	er or Flural I	Route Numbe	Dr.	_
4 Homicide determined	building, e	tc. (Specify)		,								
SECURITY NAME (First the diplication of business) AND FART LEMON ARYLAND (Finder deposition) SECURITY OF DECEDENT SECURITY OF SECURITY SECURITY SECURITY OF SECURITY SECURITY												
96. SIGNATURE AND TITLE OF CERTIFIE	w/	n.D.				UMBER		29d. DA	SIGNED	1	y, Ybar)	
		E OF DEATH (IT	EM 27) (Type,	Print)	2.7.22							
Ernest Uzicar	in			c/o 1	Maryland	Gen	eral	Hos	pita	1		
FEB 1 2 1990	de la Davidse	- Mana	102									

be detached for use as the burish-transil permit. Pages 1, 2, 3 should retained by the hospital or etherding physician. MARYLAND 21203-3146 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 hours after death. These of the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral certificate has been signed by the attending physician and completely filled in by the funeral certificate has been signed by the attending physician and completely filled in by the funeral certificate has been signed by the attending to the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be a signed by the complete the complete of the complete that the complete the complet DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

P.0. RECORDS, DIVISION OF VITAL

FEB

9 1990

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	may be cannot by the hospital or attending physician.	M, page to spetting be detached for use as the burial-transit permit. Pages 1, 2, 3 should		ist be willed at succe.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be made in the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 1. 2, as should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be willed surved.

	1 - REGISTRAR CERTIFICATE OF DEATH	REG, NO.												
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
1	Doris E. Mowinckel	02 - 10 - 90 9.56 P M												
	4. SOCIAL SECURITY NUMBER 5.78-22-7398 1 M 2 F 72 YRS. MONTHS DAYS HOURS IN THE PROPERTY OF TH	HRS. 7. DATE OF BIRTH (Month, Day, Year) 1-26-18 BIRTHPLACE (State or Foreign Country) Maryland												
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION													
DIRECTOR	Harbor Hospital Center Baltimore City RESIDENCE OF DECEDENT													
ĕ	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?												
	Maryland Anne Arundel Linthicum	1 TYES TO NO												
FUNERAL	100. STREET AND NUMBER 442 Cleveland Road 210	10g. CITIZEN OF WNAT COUNTRY? U.S.A.												
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF	HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indien, Mexican, Puerto Rican, etc.)												
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUSTRY												
וה	Elementary/Secondary (U-12) College (1-4 or 5 +)													
\$	8th grade. Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme)													
ŏ														
BE	Alfred A. Borgealt Mary Margaret Calvert 196. INFORMANT'S NAME (Type:Frint) 196. MAILING ADDRESS (Street end Number or Rural Boute Number, City or Town, State, Zip Code)													
임														
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town.													
	4 Donetton 5 □ Other (Specify) Loudon Park Cemetery Baltimore, M													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS Light hours of Table 21.													
	Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, MD 21229													
	23. PART I. Enter the dieeesee, or complications that caused the death. Do not enter the mode of dying	g, such es cardiec or reepiratory arrest, Approximate												
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. External fallure in the fallure in the fall of the fall	interval Between Onset end Deeth												
_	DUE TO (OR AS A CONSEQUENCE OF):													
	Sequentially list conditions, if any, leading to immediate D. Due TO (OR AS A CONSEQUENCE OF):													
8	couse. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in death) LAST													
	PART ii. Other aignificant conditions contributing to death but not regulting in the underlying cause give	ven in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
DICAL	Hudery of recurrent Dut much and when lieux	PERFORMED? AVAILABLE PRIOR TO												
		1 YES 2 NO OF DEATH?												
PHYSICIAN: ME	Chante Kind factors. I Kecent delp werens	1 YES 2 NO												
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEA	NTH (Check only one)												
ᄗ	EXAMINER?													
<u>≍</u>	27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCURED												
	1 Natural 5 Pending (Month, Dey, Year) INJURY WORK? 1 ∨ Natural 5 Pending Investigation	NO												
LED BY	2 Accident investigation 3 Suicide 8 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)												
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred													
္ပ														
BE		SE NUMBER 29d. DATE SIGNED (Month, Day, Year)												
2	Jagman P. Malla mo	02/10/90.												
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1011												
	20 DATE SHED MOOTH DOLL MANY AS DECISION OF SHAPE OF SHAPE SHAPE MOOTH DOLL MANY OF SHAPE	EN S. HANGVER ST BAITIMERE												
	31. DATE FILED (Month, Dev. Year) 32. REGISTRAR'S SIGNATURE.	MD 21230												

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 py removes by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the huneral director companies of the detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be mustined at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
i	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

											_			_		
	1. DECEDENT'S NAME (First,						2. Date of Death February 9,1990 YEAR				3. TIME OF DEATH					
	Ocie 4. SOCIAL SECURITY NUMBER	Lou	5. SEX	iken	E (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER :			24 MBS	_	TE OF BIRTH			1PLACE (State or Foreign	М		
			1 M 2 VF	or mar in	85	YRS.	MONTHS	DAYS		MIN.		2/09/04	3	Countr	ucky	
	415 22 2089		- 25		05		9b. CITY	, TOWN	OR LOCAT	ON OF DE		0/0//01	9c. COUNT			\dashv
<u> </u>	612 Dorsey		,					Ess	sex	23					re County	
DIMECTOR	RESIDENCE OF DEC	EDENT														_
	10+. STATE	10b. COUNT				10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?	
	Maryland	Balt	imore				ESSEX								1 YES 2 NO	_
LONERAL	10e. STREET AND NUMBER							18	7.		_	100			WHAT COUNTRY?	
	612 Dorsey Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. TRIMED							7000		2122	-	IGIN? (Specify Yes	as No. 1		S A • E — American Indian,	-1
	1 Never Married 2 Married 1 Never Married 2 Married 1 YES 2 NO IF YES, GIVE WAR DR DATES							If yee,	specify Cub	on, Mexica	n, Puer	rto Rican, etc.)	OF NO-	Black	k, White, etc.	
5	3 Widowed 4 Divo	rced	IF TES, GIVE	MAN DN DA	(IES			1 [] 1	ES ZAL NO	Specif	y;			Speci	White	
3	15. DEC	EDENT'S EDU	CATION completed)		16a. DEC	EDENT'S	USUAL O	CCUPA	TION most of work	ina		16b. KIND OF BUS	INESS/INDU	STRY		7
4	Elementary/Secondary (6	-	College (1-4 or 5	+)	life.	Do NOT us	se retired.)		most or work	T T						
	8 Electr						icia	n				Areos				_
COMPL	17. FATHER'S NAME (First, Middle, Last)								1.0	_		st, Middle, Maiden				
n	Elsie Candler Bessie Jones														-	
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Volume 197. March 198.											21				
	Valeria M. Lowe (daughter) 612 Dorsey Road Baltimore Maryland 2122 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of commeter), cremeterly, cremeterly or 20c. LOCATION — City or To											-				
	4 62 Burdel 2 Compater 2 Demond from Carte Other Discel							strion (Name of commercy, cremetory or 20c. LOCATION — City or Town, State 1 Memorial Gardens Baltimore County.							rl an	
	4 Donation 5 Other (Specify) DOLLY NO.							22. NAME AND ADDRESS OF FACILITY							7	
			()	1							ral Hom	-		21221	
\dashv	23. PARTA. Enter the d		200	3	~	- Da									Maryland	-
	shock, or h	eart fallure.	List only one ca				iot ente	runer	node or d	ring, suc	n aa c	cardiec or respi	ratory arre	st,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition Page 1970)															
	resulting in death) - e. Our consequence on											-				
,	Recurrent Preumonia muntas															
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):															
5	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury															
	that initiated events		DUE TO	OR AS A	CONSEC	WENCE O	F):								1	
Ä	resulting in deeth) LAST															
	PART II. Other significa									given in	Part I			240	b. WERE AUTOPSY FINDINGS	S
FUCAL	Deme	sta.	Strok	101	20	rre				PERFORMED?				AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ם	*											N. I		OF DEATH? 1 YES 2 NO		
2																1
SICIAN	25. WAS CASE REFERRED 1	O MEDICAL							PLACE OF	DEATH (C	neck on	ly one)				
2	EXAMINER?		HOSPITAL:	☐ ER/Outp	ationt 3	□ DOA	OTHE 4 Nu	R: rsing H	iome 5	lesidence	6 🗆 0	Other (Specify)				
F	27. MANNER OF DEATH	100-100	28a. DATE O	F INJURY Day, Year)		28b. TIN	IE OF		INJURY AT WORK?		28d.	DESCRIBE HOW I	NJURY OCC	URED		7
2	1 Natural 5 2 Accident	Pending investigation					М		YES 2	□ NO						_
	3 Suicide 6 4 Homicide	Could not be	28e. PLACE building	OF INJURY , etc. (Spec		me, farm,	street, fac	ctory, o	ffice		28f.	LOCATION (Street City or Town, State)	and Number o	or Rural	Route Number,	
<u> </u>	11,==3//11	Cotorminad										-				4
COMPLEIED	(Oriota triny /		ICIAN: To the best of	4-17												
5	2 MED	NCAL EXAMIN	ER: On the basis of	examination	n and/or i	investigati	on, in my	opinior	n, death occ	ured at the	time,	dats and place, sr	nd due to the	cause((s) and manner as stated.	
DE L	296. SIGNATURE AND TITLE	E OF CERTIFIE	19	111					29c, LJ	CENSE NU	MBER		29d, DATE	SIGNE	D (Month, Day, Year)	
2	Jusus	//		1	#### CONT.		0.1						X	_	10/90	4
-	30. NAME AND ADDRESS O	PERSON WI	10 COMPLETED CA	SOC.	O. Z	/	13		1	_	K	ATT.	1 111		102123	
	31. DATE FILED WARD Day	100 100	archinin	Louiside	errorra	Park P	6	7	Ver		4	161/1	1010	-)/	11101103	4
	FED.	12 195	JU June	MARKET I												

burnal-transit permit. Pages 1, 2, 3 should

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRA
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ľ	4. SOCIAL SECU
l	214-3
ſ	9a, FACILITY NA

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					IENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, MICHOLE, Last) CLIZABETH F, MURPHY 2. DATE OF DEATH MONTH SAY YEAR 90									1028 HRSM		
			(In yrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNP	LACE (State or Foreign	
	214-30-3032	□ M 2 😾 F	YRS.					3-28-19			sylvania	
~	9a. FACILITY NAME (If not institution, give street	1 /	١.,	9b. CITY,		R LOCATIO		ATH	0 -	NTY OF DEA		
0	ST. JOSEPH +	tospitf.	1	10	W.	501	<u> </u>		BA	LTIN	TORE	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCAT	ION					od. INSIDE CITY	
듬	Maryland Baltin	more Co.	Pa	arkv	i11	e				,	LIMITS?	
AL.	10e. STREET AND NUMBER					ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?	
FUNERAL	8102 Clyde Bank	Road				2123	34		U.S.A.			
2	11. MARITAL STATUS 12. 1 Never Married XX Married	WAS DECEDENT EVER I						C ORIGIN? (Specify Year, Puerto Rican, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.	
ВУ	3 Widowed 4 Divorced	WWII	ATES			2 📉 NO				Specify: White		
	15. DECEDENT'S EDUCATION	ON	16a. DECEDENT'S	USUAL OC	CUPATIO	N		18b. KIND OF BUS	SINESS/INC		,e	
E I	(Specify only highest grade com Elemantary/Secondary (0-12) C	ollege (1-4 or 5+)	(Give kind of Ille. Do NOT u	work done o se retired.)	during mos	st of workin	g					
됩	12 Years 3	Years	Regist	tere	d N	urse	5	Hospi	tal			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							AE (First, Middle, Maiden				
BE (Joseph	Fai	rclough			Eli				terk	ourn	
2	19a. INFORMANT'S NAME (Type/Print)	T						oute Number, City or Town			21234	
	Cyril R. Murphy	7	8 I U Z					ad Balti				
	20a, METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal	from State	other place)							City or Tow		
	4 Donation 5 Dother (Specify) Baltimore National Cem. Baltimore, Maryland 1. SIGNATURE OF FUNERAL BERTYCE LICENSEE 22, NAME AND ADDRESS OF FACILITY											
	William E. Johnson P.A.Funeral Home											
-	28. PART I. Enter the diseases, or com	plications that cause	d the death. Do								MD 21204	
	ahock, or heart fellure. List	only one cause on	each line.								Interval Between Onset and Death	
	IMMEDIATE CAUSE (Finel disease or condition CARDING RNIC, SHOCK										2 DAYS	
	disease or condition resulting in deeth) a. CARDIDGENIC SHOCK DUE TO (OR AS A CONSEQUENCE OF): ACUTE MYD CARDIAL INFARCTION (VSb) 3 DAYS Sequentially liet conditions.											
z	b	ACUTE 1	MYO CAR	DIA1	1	NEA	PC7	ION CV.	Sb)		2 DATS	
E I	If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									VIEDOS		
5	CHOSE (Disease of Highly								TONKES			
CERTIFICATION	thet initieted events resulting in death) LAST	552 10 (611 A5	A CONSEQUENCE C	. ,.							ļ	
CE	d											
CAL	PART II. Other algoriticent conditions of		DIOVASC			AISE		PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
								T T YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?	
×	1/2/10/5/10/01	ISCHEMIC	77/10	rcies) (GAS	IND	_			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	3 CEE DIN C	5		28 PI	ACE OF D	EATN (Cha	ick only one)				
PHYSICIAN: MED	EXAMINER?	OSPITAL:	nationt 3 🗆 DOA	OTHER	R:			8 Other (Specify)				
H	27. MANNER OF DEATN	28e. DATE OF INJURY	28b, Till	AE OF	28c. INJ	URY AT	I I	28d. DESCRIBE NOW I	NJURY OC	CURED		
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)	IN	JURY		RK? YES 2	ON					
	2 Accident Investigation 3 Suicida 6 Could not be	28s. PLACE OF INJUR building, atc. (Spe	Y — At home, farm,	street, fect	lory, offic	A		281, LOCATION (Street City or Town, State)		r or Rural Ro	ute Number,	
1	4 Homicide determined										A	
COMPLETED	29a. CERTIFIER (Check only	N: To the beat of my know	vledga, death occur	red at the t	ima, data	and place	, and dua	to the cause(a) and ma	nner aa sta	rted.		
O	2 MEDICAL EXAMINER: C	On the basis of examination	on and/or investigati	on, in my o	opinion, d	eath occur	red at the	time, date end piece, ar	nd due to t	he cause(a)	and manner as stated.	
296. SIGNATURE AND TITLE OF CERTORER 296. LICENSE NUMBER								IBER			Month, Day, Year)	
TO B	youge Ci seed	as soun	PI							2-8	-40	
F		rles St.	5,613	5.	BAL	TIMO	P.E	MD 2	120	4		
	31. DATE FILED FEB 12 1990	32. REGISTRAR'S SIG	NATURE POPULA	2								

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BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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urs after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	sm 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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	FOR 1 STATE	STATE OF MARYLA					MENTAL HY	GIENE		90	031	4
	REGISTRAR		CERT	rificati	E OF E	PEATH		G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last). Bristol Mi	2. DATE OF DE MONTH	ATH	70	AR PA	IME OF DEATH	М					
	4. SOCIAL SECURITY NUMBER 017 05 9 0 5 8	MONTHS DAYS MALES AND								Country)	Virgin:	
TOR	98. FACILITY NAME (If not institution, give so MGSON FLOR RESIDENCE OF DECEDENT	City		Ba/	OF DEATH	re Cita	4					
DIRECTOR	10a. STATE 10b. COUNTY	timore	100	CITY, TOWN							INSIDE CITY	_
	Maryland Bal	crmore		Perr	y Hal	IP CODE		_	10g. CITIZEN		YES XX NO	_
FUNERAL		Perry Hall,	Mary	land	101. 2	21128			US		COUNTRY	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		If yes, speci	DENT OF HISPAN fy Cuban, Maxican XIXO Specify	n, Puerto Rican,			RACE — A Black, Wh Specify:		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDE (Give kir	NT'S USUAL O	CCUPATION during most	of worlding	16b. KINO	OF BUS	NESS/INDUST	'AY		
9	Elementary/Secondary (0-12)	College (1-4 or 6+)				perviso	n Doth	loh	om Sto	no l		
ME	12th grade 17. FATHER'S NAME (First, Middle, Last)		net.	-Gener		6. MOTHER'S NAI				ET		_
	William I. Murra	v					a Bloss		urname)			
BE	19a. INFORMANT'S NAME (Type/Print)	3	19b. MA	ILING ADDRES	S (Street and	Number or Rural F		_	State, Zip Coo	fe)		
5	Mrs. Barbara A.	Murray	4	341 Ch	apel	Rd. Per	ry Hall	, M	d. 21	128		
	20a. METHOD OF DISPOSITION 10b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State other place)											
,	4 Donation 5 Other (Specify)		st. Jo	-		ch Ceme		Balt	imore,	Mar	yland	
	22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home											
	Augh Tunner Conl 7401 Belair Rd. Balto., Md. 21236											
	23. PART I. Enter the diseases, or o	complications that caused	the death.	Do not ante	r the mode	of dying, suci	h aa cerdiec o	r reepir	atory erreet	.	Approximata	JII.
	ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset end Deeth											
	disease or condition resulting in death) a. Pneumonua											
	DUE TO (OR AS A CONSEQUENCE OF):											
ON	Sequentially list conditions, our TO (OR AS A CONSCIUENCE OF):											
AT	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING MHRSH POSITIVE SPUTUM OUE TO (OR AS A CONSCOUENCE OF): MUITION OF SSURE SORES MUITION OF SSURE SORES											
FIC	CAUSE (Disease or injury that initiated events	DUE TO OR AS A	CONSEQUEN			00. 4						
CERTIFICATION	resulting in deeth) LAST	d										
_	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS											
PHYSICIAN: MEDICAL	Crehmil an	eurycm.	Cont	my	110	cause given in	1	PERFORI	MED?	AVA	RE AUTOPSY FINDIN ILABLE PRIOR TO APLETION OF CAUS	
										DEATH?		
2					_					1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				.26. PLA	CE OF DEATH (Ch	eck paly pne)					_
Sici	EXAMINER?	HOSPITAL:	ntient 3 🗆 D	OTHE	R:	5 🗆 Rasidenca		-M-1				
H	27. MANNER OF DEATH	26a. DATE OF INJURY		b. TIME OF	28c. INJUR	TY AT	28d. DESCRIBE		JURY OCCUR	ED		
ВУ Р	1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY M	1 YE	S 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	RY — Al home, farm, street, factory, office ec/fy)				261. LOCATION (Street and Number or Rural Floute Number, City or Town, State)					
COMPLETED	29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the heat of any his in	adaa da-st-	and the same of th	New days	at place and a	to the are to	and				
MP	(Direct Offi)	CIAN: To the best of my knowl R: On the basis of examination								ause(a) and	f manner as state	d.
	29b. SIGNATURE AND TITLE OF CERTIFIE			THE STATE OF	-	Pec. LICENSE NUI		1		Year and	nth, Day, Year)	
BE	Wis Cre	5 72	-	3	j.	1043	083		→ 2 √		20	
2	30 NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF OF	TH (ITEM 27)	(Time Oriet)		, ,				- 1 -		

and the second s

	FOR								_	9(03144
	1 - STATE REGISTRAR	STATE OF I					EALTH AND I	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	*****					700	2. DATE OF DEATH MONTH DA	LY.	YEAR	3. TIME OF DEATH
1		ELLE		L.		NAI	VCE	2-7-90	"		5:25PM M
	4. SOCIAL SECURITY NUMBER 5. SEX		6. AGE (In yrs. la		IF UNDER	DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	8. BIRTI Count	HPLACE (State or Foreign ry)
	218-78-9482	1 🗌 M 2 💢 F	31	YRS.				11/11/58			ALTO, MD
OR O	9a. FACILITY NAME (If not institution, give st 1034 N. Bentalou	*			96. CITY		timore C		9c. COUN	ITY OF E	DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN (OR LOCAT	ION				10d. INSIDE CITY	
	MD			В	ALTI	MORE					1 V YES 2 NO
¥.	10e. STREET AND NUMBER	CEDEET				10f	ZIP CODE				WHAT COUNTRY?
	1034 N. BENTALOU						21216		US	SA	
BY FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2V			If yes, spe		NC ORIGIN? (Specify Yea in, Puerto Rican, atc.) y:	or No-	14. RAC Blac Spec	E — American Indian, k, Whita, etc. ///y: BLACK
8	15. DECEDENT'S EDU			ECEDENT'S			N st of working	16b. KIND OF BUS	SINESS/IND	USTRY	DETION
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	- 14	e. Do NOT u	se retired.)	dung no	st of working	USF	&G		
O	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
BEC	U						MARGIE	NANCE			
TO 8	190. INFORMANT'S NAME (Type/Print) LEROY W. NANCE						nd Number or Rural I	FL/BALTO.		Code)	17
	20a. METHOD OF DISPOSITION		20b. PLACE	E OF DISPO	SITION (No	eme of cen	netery, crematory or		CATION —	City or To	own, State
	1 Buriel 2 Cremation 3 Rem 4 Densition 5 Other (Specify)	oval from State	KING	MEMO	RIAL	PAR	K	RAN	DALLS	STOW	N, MD
	22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F/H 1101 E. NORTH AVENUE										
	23. PAPIT . Enter the diseases, or shock, or haart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one car Manual	use on aach lin	ulat:	ion a			stab wound		est,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
MEDICAL	PART II. Other algoriticant condition	s contributing to	death but not	resulting	in the u	nderlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR	RMED?	241	WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\subseteq \text{NO} \)
SICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
XS.	1 NO NO	HOSPITAL:	☐ ER/Outpatient	_			-XXXXIII	8 Other (Specify)			
Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Natural 5 Pending 2-7-90 4:15PM					28c. INJURY AT WORK? 1 YES 2 KINO Subject strangled and sta				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE (building	OF INJURY — At h , etc. (Specify)		street, fac	tory, offic	•	28f. LOCATION /Street	and Number	or Rural	
COMPLETED	DNA CERTIFIER 1 CERTIFYING PHYS							Maryland to the caluse(a) and man	nner ae stat	ed.	
8	290. SUSSECTION AND TITLE OF CERTIFIE	~					29c. LICENSE NUI	MBER	29d. DATI		D (Month, Day, Year) 8–90
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH (IT	FM 27) (7/0)	e Print)						

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KAPLAN, MD

111 Penn Street, Baltimore, MD 21201

DHMH-18 Rev 1/89

VC

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. Page 6 into THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral directing be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner man DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO	-						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN					
	William	Peyton Sr	· AKA Wil	liam Pa	yton Sr.	February	11 1990						
			(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. E	BIRTHPLACE (State or Foreign					
	218 07 8961	□ M 2 1 7	79 YRS.	MONTHS DAYS	HOURS MIN.	August 17		irginia					
	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY						
5	Franklin Square Ho	ospital Cer	nter	Rosswille 21237 Raltimore Cou									
HECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY												
5		77 711		, TOWN OR LOCATI	.ON			10d. INSIDE CITY LIMITS?					
ם ו	Maryland 100. STREET AND NUMBER	Baltimore	<u> </u>	SSEX									
LONEHAL	The state of the s												
2	1214 E. Homberg Ave	2. WAS DECEDENT EVER II	THE ADMEN	12 WAS DEC!	21221	IIC ORIGIN? (Specify Ye		J.S.A.					
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	elfy Cuban, Maxicar	n, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc.					
5	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TES	2 NO Specify	7		Specify: White					
3	15. DECEDENT'S EDUCATI (Specify only highest grade com		16a. DECEDENT'S L	USUAL OCCUPATIO	N =1	16b. KIND OF BU	SINESS/INDUST						
COMPLEIED		College (1-4 or 5+)	life. Do NOT use	retired.)	t of working	<u> </u>	- 20.00						
1	3		Steel	worker		Ste	el Mill	•					
3	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden	,						
2	Ephraim Peyton					Mary Bree							
-	19a. INFORMANT'S NAME (Type/Print)	1 \				Route Number, City or Tow							
1	Catherine L. Peyton					Baltimore							
	20s. METHOD OF DISPOSITION 1.2 Burlal 2 Cremation 3 Removal	of from State	b. PLACE OF DISPOSE	ITION (Name of cem	etery, crematory or		CATION — City						
1000	4 Donation 5 Other (Specify)		perair i		D ADDRESS OF FAC		lair, r	Maryland					
	21. SIGNATURE OF PONETINE SERVING	0	1.			meral Hom	e P.A.	21221					
	Man 12	propos	1/2	1407 0	ld Easte	ern Ave Ba	ltimore	Maryland					
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List unity one cause on sech line.												
	IMMEDIATE CAUSE (Final												
Ì	resulting in death)												
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, Due to (or as a consequence of):												
Į.	cause. Enter UNDERLYING	If sny, issuing to immediate											
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF):									
	resulting in death) LAST												
5	PART II. Other significant conditions c	and the state of a state of	and mad manufalms t	- 45		B-11 1-1							
4					,	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
MEDI	Cardiac Arrest					1 TYES	2 (NO	OF DEATH?					
	Anemia, Carcino	ma of Lung	with Met	astic Di	<u> Lsease</u>	_		1 YES 2 NO					
2	to Liver												
PHTSICIAN	EXAMINER? V	IOSPITAL:		OTHER:	ACE OF DEATH (Chi								
	27. MANNER OF DEATH	Ainpatient 2 ☐ ER/Outs 28s. DATE OF INJURY	patient 3 DOA			6 Other (Specify) 28d, DESCRIBE HOW	IN ILIPY OCCUP	ED.					
	1 Natural 6 Pending	(Month, Day, Year)	INJ	URY WO	RK?	280. DESCRIBE NOW	INJUNI OCCONE						
0	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	Y — At home, ferm, a			26f. LOCATION (Street	and Number or F	tural Route Number,					
COMPLEIED	4 Nomicide 8 Could not be	building, atc. (Spe-	cify)			City or Town, State)						
4	29a. CERTIFIER 1 CERTIFYINO PHYSICIAL	N: To the heat of my keep	viados desth oscurs	d at the time date	and place, and due	to the enumber and mu	nance on worked						
E I	ana)	and the second s						use(a) and manner as stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIER		GNED (Month, Day, Year)										
	20.011 M	W .11.			29c. LICENSE NUM		D 12 /	I I O G					
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	Print)	IV,	/A	1 4	11/40					
				,,									
- 1	Adolph Whichilic	· MD 0000	Eranklin	Canara	Dr R	alto Md 2	11227						
	Adolph Wychulis 31. DATE FLED (NOTE), DOZ. 1990	MD. 9000	Franklin	Square	Dr. Ba	alto,Md. 2	21237						

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach: be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the is the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ee
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	2	23	3

	1 - STATE REGISTRAR		STATE OF MAI			CATE OF			YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle	le, Last)					2	DATE OF D			3. TIME OF DEATH
3	JOSEPH		CARRO		-4 h(at-v)	PEREC		02	/ DAY	90	5: 75 AM
	434-10-2495		MONTHS DAVE MONTHS MAN (Month, Day, Year)				Cour	THPLACE (State or Foreign ntry) Tyland			
	9a. FACILITY NAME (If not institution	on, give stree	et and number)	30		6. CITY, TOWN	OR LOCATION OF DEATI			COUNTY OF	
DIRECTOR	SI Agnes	- 1	ospira			Balti	more C	1+4	-		
EC		COUNTY			10c. CITY,	TOWN OR LOCA	TION	9			10d. INSIDE CITY
		Balti	more		Pho	enix					1 YES 2 NO
FUNERAL	106. STREET AND NUMBER	Dw.					H. ZIP CODE		1.0	S.A	WHAT COUNTRY?
NE NE	14 Dalebrook		2. WAS DECEDENT EV	VER IN H.C. AC	DMED		21131 CENDENT OF HISPANIC	OBIOIN3 (Bo			CE — American Indien,
	1 Never Married 2 Merrie		FORCES? 1 J	YES 2 1		If yes, s	pecify Cuben, Maxican, F			Ble	ack, White, etc.
BY	3 Widowed 4 Divorced		WW I			1 U YE	S 2 X NO Specify:			Spe	White
80	15. DECEDENT (Specify only higher	T'S EDUCAT	TION moleted)	16a. DE	ECEDENT'S U	SUAL OCCUPATION OF MINING TO THE PROPERTY OF T	ON of working	16b. KINE	OF BUSINESS	S/INDUSTRY	
Eq.	Elementary/Secondary (0-12)		College (1-4 or 5+)	life	a. Do NOT use	retired.)					
MP	12 Years	1		Vi	ce P	reside	ent	Gr	ocery	Sto	re
COMPLETED	17. FATHER'S NAME (First, Middle, L	Last)					18. MOTHER'S NAME	(First, Middle	, Maiden Surnar		
BE	Oliver		К.		ereg	_	Lina				Bul1
2	19a, INFORMANT'S NAME (Type/Prid	,					and Number or Rural Rou				21121
	Mildred J.	Per	eqoy				ok Drive	Pnoe			21131
	1 Buriel 2 Cremetion 3		al from State	other pi	(ace)		emetery		Balti		, Maryland
	21. SIGNATURE OF FUNERAL BEST		rSEE	Joan	AOII I	22. NAME A	ND ADDRESS OF FACIL	ITY			-
	· Helle	-	2 /0	and							eral Home n,MD21204
	23. PART I. Enter the disease	ea. Dr. cor	mplications that or	arread the de							1 4 4
	shock or heart for	fallura I is	npincayona that ci	Do each line	eath. DD no	t antar tha m	oda of dying, auch a	na cardiac	or reapirator	y arreat,	Approximata
	ahock, Dr haart fo	fallure. Lis	at only one cause	Dn aach iine	eath. DD no a.	t antar tha m	oda of dying, auch a	na cardiac (or reapirator	y arreat,	Approximata Interval Between Onset and Death
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours affiliated.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by IM	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical of

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR YOR 1.45 P M WICTORINE. 2 1990 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Washington D.C. 39.20.80844 10 MZEF 84 YRS. 0 9a. FACILITY NAME (If not institution, give street and number) U.CN 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH 901 Arcela Auc Wheaton MD 20202 DIRECTOR Whenter Montgomery 2090 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY M.D Heutgomery Wheatou. 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 901 Arcola Ave. 20902 United States 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married Specify: Black BY 3 XWidowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY 1 2 (0-12) Supervisor U.S. Government COMPL 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) William Rollins Ellen McCoy BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William R. 1607 Varnum St. NW Washington D.C. 20011 Rollins 20e METHOD OF DISPOSITION
16 Buriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - Cify or Town, State Lincoln Memorial Cemetery Suitland Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service, inc. 7400 Georgia Ave. NW Washington, 23. PART I. Effer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata lock, or heart fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death Syndrem disease or condition resulting in death) Porain Organie DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSFOUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not recuiting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 8 - Residence 6 - Other (Specify) 27. MANNER OF OEATH 26b. TIME OF INJURY 28s. OATE OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY --- At home, ferm, street, fectory, office building, etc. (Specify) 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be ED 4 Homicide COMPLET 29a. CERTIFIER 1 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND JITLE OF CHROMER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ufu 3.90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 31. DATE FILE FEB 2 1990 32 REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY SEAR 3. TO	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdsy) is under 1 Year is under 1 Hrs. 7. DATE OF BIRTH 8. BIRTHPLAC	E (State or Foreign
	216-28.9772 1 1 M 2 Det 90 YRS. MONTHS DAYS HOURS MIN. 12.04 99 WAS	LL 17 .
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	a urc
DILLOID	19 HAVEN ST DENTON MD CAROLINA	
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.	INSIDE CITY
		YES 2 NO
LONEDAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT	COUNTRY?
	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No	merican Indian,
		te, etc.
	32 Wildowed 4 Divorced 8/32/18 16 7/31/19	YITE
1	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-6 or 5 +)	
1	17 GRADES College (1-4 or 5+) SECRETARY US GOVAT	AT
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)	
	JAMES LINNIERE AILD MARY	
9		Lu Al
	20s. METHOD OF DISPOSITION Disposition City or Town, Some of Computer of	100
	1 Surial 2 Cremation 3 Removal from State other place) 4 Donation 3 Other (Specify)	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EDWARD J.W	EBER
	Edward & Weffer 53HERMONDSON AVE	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line.	Approximata Interval Between
	IMMEDIATE CAUSE (Final	Onset and Deat
	disease or condition resulting in death) a. ACUTE CENEBROVASCULAR ACCIDENT Due TO (OR AS A CONSEQUENCE OF):	1) CUIE
	CEMERAPHAPTERIAS/I FRECIS	CHRON
	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):	
CERTIFICATION	CAUSE (Disease or Injury	
	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST	
	A	
		E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE
	CARDIOVASCULAR DISEASE	EATH?
ME		YES 2 NO
SICIAN:	25. WIS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	
2	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpattent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
PHY	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Natural 5 Pending 28d. DESCRIBE HOW INJURY OCCURED	
	Accident Investigation	Number
מוטו	3 Suicide 8 Could not be 4 Homicide determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	, vari arev,
L		
-	29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated.	
5	298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and	manner as stated.
	(Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and December 1. The desired of the desired of the cause(s) and December 1. The desired of the cause(s) and December 1. The desired of the des	
BE	(Check only 12 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 299. Standfure and Title of certifier 290. License Number 290. License Number 291. DATE Signer (Mor	
BE	(Check only 12 NEPTITY IN DITION IN TSICIAN: To the best of my knowledge, dearn occurred at the time, date and due to the cause(s) and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and place, and due to the cause(s) and 29m stgnature and title and 29m stgnature	
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

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h. In the second of the hospital or attending physi-	en utilities, when siliculd be detached for use as the buria	miner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral will be a size of the buria of the buria and death with the State Dent of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner most be notified at once.

31. DATE FILED (MONIN, Dev. Year)

	1 - FOR REGISTRAR	STATE OF MARYLAND		RTMENT FICATE					YGIEN	E		00112	
	1. DECEDENT'S NAME (First, Middle, Last) ROMOSETZ	Joseph H. Roma	ser, S	r.				2. DATE OF	DEATH DA	1 9	YEAR 3.	TIME OF DEATH	
	214-01-5497	5. SEX 6. AGE (In yrs.	last birthday) YRS.		YEAR DAYS	IF UNDER 2	MIN.	7. DATE OF	PARTH ZO	10	Country)	MCE (State or Foreign	
IOH	- A - 1	. FACILITY NAME (If not institution, give street end number) LRVAI+ Loch Raven V.A. Hos					Bal	timore gc. county of D				City	
DIMECTOR	100. STATE 10b. COUNTY	3Tr.	10c, Cf	TY, TOWN OR	LOCAT		Balt	imore				d. INSIDE CITY LIMITS? XYES 2 NO	
						27	10g. CITIZE	N OF WHA	T COUNTRY?				
BY FUNERAL		12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 [IF YES, GIVE WAR OR DATES W	ARMED NO	16	yes, spe			C ORIGIN? (S	specify Yes	or No 1	4. RACE — Black, W Specify:	American Indian, Thite, stc.	
COMPLEIED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)	ATION I 16e.	(Give kind of	S USUAL OCC Fwork done du use retired.)	uring mos		7			cal T		oy.	
S	17. FATHER'S NAME (First, Middle, Lest)	1						ME (First, Midd	fle, Maiden	Surname)			
BE	William Romoser 190. INFORMANT'S NAME (Type/Print)		105 MAII IN	G ADDRESS	(fitroot o			Kent	City or Tow	State 7/n C	Paris)		
2	Joseph H. Romoser.	In	6700	Bowle	0.7	Lane	0 1	to., Mo			000)		
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	val from State 20b. PLA	a minnal	esition (Nom			ener	tery.	Bal	to. (Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	D. Zeiler		22. N	AME AN	D ADDRES		ler. &	Son.	Inc.	5224 Easte	ern Ave.	
	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ASPIRATIO		NEU				as cardiad	or reapi	ratory arre		Approximate interval Between Onset and Death	
HILLICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CEF	d.										_	1	
MEDICAL	PART II. Other algnificant conditions	contributing to death but no	ot reaulting	in the unc	zerrying	cause g	Iven in i		EA. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
EXAMINEA? 1 Ves 2 No NO NO NO NO NO NO NO NO NO													
27. MANNER OF DEATH 1 Netural 8 Pending 1 Netural 8 Pending 1 Netural 8 Pending 1 Netural 8 Netural 8 Netural Pending 1 Netural 8 Netural Pending 1 Netural 1 Netural Pending													
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	t home, farm	, street, tacto	ery, office			City or	ON (Street a fown, Stete)	and Number o	r Rural Rout	e Number,	
COMPLETED	ana)	CIAN: To the best of my knowledge t: On the besis of examination and										nd manner ee stated.	
TO BE C	296. SIONATURE AND TITLE OF CERTIFIER	Syxacl	M	2		29c. LICE	NSE NUM	BER		29d. DATE	SIONED (M	onth, Day, Year)	
=	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED DAUSE OF DEATH (TEM 27) (Typ	oe, Print)									

32. REGISTRAR'S SIGNAL 12 1990

Julia Tavidson Randalle

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	((
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Zerhours after death. Page 6 may be retained by the hospital or attending physician.		0	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit he be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to bunat, cremation, or removal.		prooud	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.)		

FOR

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last)	- 1	RE	EVE	2 e	2. DATE OF	DEATH DAY	YEAR 3.	TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		ACE (State or Foreign		
		1 - M 2 X F	66 YRS. MO	NTHE DAYS	HOURS MIN.	JAN.	19-24	Country	4-		
TOR	Se. FACILITY NAME (If not inetitution, give at 10 10 10 10 10 10 10 10 10 10 10 10 10	reet and number) NEY ST	91	BALT	R LOCATION OF DE	ATH	9c. COU	INTY OF DEAT	тн		
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. I										
	10s. STREET AND NUMBER		BA	101.	ZIP CODE		10g. CIT	IZEN OF WH/	YES 2 NO		
FUNERAL	2698 1701	AMEY	STI					1251)		
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WÁS DECEÓENT EVEI FORCES? 1 TYPE IF YES, GIVE WAR OR	S 2 NO		city Cuben, Mexica	n, Puerto Rice	Specify Yee or No— en, etc.)	14. RACE — Black, W Specify:	American Indian, Vhite, atc.		
TED	15, DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mos	N at of working	16b. Ki	IND OF BUSINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8+)	HOUS	EWI	FE			-			
	17. FATHER'S NAME (First, Middle, Last)	IRNAT			18. MOTHER'S NA	ME (First, Mid	die, Meiden Surneme)	RA	M		
) BE	190, INFORMANT'S NAME (Typo/Print)	11/1/1	19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Number,	City or Town, State, Zi	(o Code)			
2	ROSE AR	CHEK	490	BRU	NSW/	LK					
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 1 Donation 5 Other (Specify)	oval from State	other place) SH	CPP	4 RD		HOWF	TIRTI	Coutst		
	21. SIGNATURE OF HUNERAL SERVICE LIC	1/11/04	~	22. NAME AN	LE 17 h	MEN E	DWARD NIE	J. W	EBER		
	23. PART I. Enter the diseeses, of ahock, or heart failure.	complications that cause	sed the death. Do not	anter tha mo	da of dying, suc	h as cardia	c or reapiratory as	rreat,	Approximate		
	IMMEDIATE CAUSE (Final disease or condition								Onset and Daath		
	resulting in death)		S A CONSEQUENCE OF):	TRCI	NOINH				10 years		
NO	Sequentially list conditions,	b	0 1 000/050/150/05 0D						,		
CATI	If any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF):								
CEF		d									
DICAL	PART II. Other algnificant condition	a contributing to deat	h but not resulting in	the underlying	g cause given in		PERFORMED?	A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI						'	YES 2 NO		F DEATH?		
NN:											
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 19 NO	HOSPITAL:		26. PL THER:	ACE OF DEATH (C/	8 - Other (Specifici				
Y PHYSICIAN: ME	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJUI (Month, Day, Yea	RY 28b. TIME (OF 28c. INJ			RIBE HOW INJURY O	CCURED			
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJU building, etc. (S	JRY — At home, farm, stri Specify)	et, factory, offic	•	28f. LOCAT City or	ION (Street and Numb Town, State)	er or Rurel Rou	zte Number,		
COMPLETED	one)	ICIAN: To the best of my kr ER: On the bests of examina							end manner ee stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	filel	MO		29c. LICENSE NU 738 / 1	MBER 9	29d. DA	FOL	Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	rint)	Ball	M	n 7	17 4	1		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S &	IGHATURE >1		, - 417		1/	170			
	FEB 1 2 1990	fulla Davidson-	Montage								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hour	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be been any	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILEO (Month, Day, Your)

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF		MENTAI	L HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)	-11.1				2. OATE	OF OEATN		3. TIME OF DEATH
- 1	RHODES			E RHODE		00		8 7	- (3-
ĺ	4. SOCIAL SECURITY NUMBER 212-07-0318 9a. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (In yrs. 1		IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	JUNE	of BIRTH h, Day, Year)	906 M	BIRTHPLACE (State or Foreign Country) 1ARYLAND
TOR	SINAI HOSPITAL	eet and number)			I OR LOCATION OF DE	EATH		9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND		10c. CIT	ROSEDAL					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 5634 ARNHEM RD.				21206			10g. CITIZEN	OF WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 Tyes 2 IF YES, GIVE WAR OR DATES	NO	It yes,	ECENDENT OF NISPAR specify Cuben, Mexica ES 2 X NO Specify	in, Puerto I		or No — 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	USUAL OCCUPA work done during se retired.)		16b		ANCE CO	
OM	17. FATHER'S NAME (First, Middle, Last)		I FRK		16. MOTHER'S NA	AME (First, I			DIMPAINT
BEC	JOHN L. RHODES 190. INFORMANT'S NAME (Type/Print)						L. G		
2	NELLIE RHODES				RD. BAL				00)
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remo	wal from State othe	CE OF DISPO	SITION (Name of	comatery, crematory or 2/12/90		20c. LO	CATION — CITY LTIMORI	
	21. SIGNATURE OF FUNERAL SERVICE LIC	DENNIS CAPI	TANO		AND ADDRESS OF FA				D. 21214 RFORD RD.
	23. PART I. Enter the diseases, or o shock, or heart failure.	omplications that caused the list only one cause on each i							
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	2004	is						Onset and Death
_		DUE TO (OR AS A CON	SEQUENCE O	OF):					
ATION	Sequentielly liet conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE C	PF):					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in daeth) LAST	DUE TO (OR AS A CON	SEQUENCE O	PF):					
MEDICAL CE	PART II. Other eignificent condition	ot resulting	in the underly	ing ceuse given in	Part I.	24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATN (C)	heck only o	nel	-	
SICI	EXAMINER? 1 YES 2 1 NO	HOSPITAL: 1 Monpatient 2 ER/Outpatien	a 3 🗆 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Residence	6 🗆 Othe	er (Specify)		
ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TII	JURY	NJURY AT WORK? YES 2 NO	28d. DE	dd. DESCRIBE NOW INJURY OCCUREO		
8	3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm,	street, factory, o	Hice		CATION (Street or Town, State		Rural Route Number,
COMPLET	one)	CIAN: To the beet of my knowledge R: On the basis of examination end							euse(e) end menner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WN	die 111	1. h	Dian.	29c. LICENSE NU	MBER		29d. DATE S	19 (Month, Dey, Year)

DHMH-18 Rev 1/89

TO THE HOSPITAL OR AS TO THE FUNERAL DIREC be filed within 72 hours IMPORTANT: If Item

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYAND 21203-3146

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (FI	rst, Middle. Last)									OF DEATH		11.00	3. TIN	ME OF DEATH
	Della Mae	Sebasti	ian							MONTH C) 2	_ 9	IA.	90	-	07:43AM
1	4. SOCIAL SECURITY NU	MBER	5. SEX	8. AGE (In yrs. I	last birthday)	IF UNDER 1		IF UNDER		7. DATE ((State or Foreign
	231-20-268	9	1 🗆 M 2 💢 F	73 .	YRS.	MONTHS	DAYS	HOURS	MIN.	3-	12-16		No		a Carolina
1	9a. FACILITY NAME (If no	institution, plvn	street and number)			9b, CITY, 1	OWH C	OR LOCATIO	ON OF DE		,	9c. COU	NTY OF D	_	
	Mercy Hosp	ital				- Bal	tin	nore	City	. , .	-	-			
	RESIDENCE OF DI	10b, COUNT	v		1.0.00	ry, town or									
1		IOD. COOM												L	NSIDE CITY LIMITS?
	Maryland				1	Baltin	_							-	VES 2 NO
							101	. ZIP CODE				2000			COUNTRY?
	2149 Eagle	Street		1		1 00 00			1223				U.S.		
	1 Never Merried 2 3 Widowed 4 D		FORCES?	NT EVER IN U.S. 1 1 YES 2 WAR OR DATES		11	yee, sp	ecity Cube	n, Mexicen	n, Puerto R	? (Specify Yee ican, etc.)	or No-		k, White	
	15. D	ECEDENT'S EOU	CATION	18e. I	DECEDENT	USUAL OCC	UPATIO	ON		18b.	KIND OF BUS	SINESS/INC	DUSTRY		
	Elementary/Secondary		College (1-4 or 5		(Give kind of life. Do NOT u	work done du ise ratired.)	ину то	ISC OF WORKIN	v						
COMP	6th grade				Facto	ory wo	rke	er		M	eat Pa	ackin	g Ho	use	2
	17. FATHER'S NAME (First,	Middle, Last)						18. MOTI	HER'S NAM	ME (First, N	liddle, Maiden	Surneme)			
	UNKNOWN							Min	nie	UNKN	OWN				
	190. INFORMANT'S NAME	(Tvoe/Print)			196. MAILIN	AODRESS	Street a	and Number	or Rural R	loute Numh	er City or Town	n, State. Zir	Corlai		A-110
2,	·Rena Foste	r			2149	Eagle	St	reet	В	alti	more,	MD 2	1223	3	
	200 METHOD OF DISPOS	SITION	novel from State	20b. PLAC	E OF DISPO	SITION (Nam	e of cer	metery, cren	natory or		20c. LO	CATION -	City or To	own, St	ata .
1	4 Donation 5 Ott		TOWN WORKS			idge M	lemo	orial	Par	k	E11	cridg	e, M	Œ	
4	21. SIGNATURE OF FUNE	RAL SERVICE LI	CENSEE					ND ADDRE							
3	D Daw	noto	in hum								ome,]			m (21220
۲	23. PART I. Enter the	diseases pr	complications th	at caused the	death Do						Balt				Approximate
ı	ahock, or	heart fallure.	List only one ca	use on sach li	na.	not anter t	na mo	de oi dy	nig, auci	i ao caru	iac or reap	ratory si	reat,		interval Between
	iMMEDIATE CAUSE (I disease or condition	Finai	anno	"mul	man	0101	0	V10.	4						Onset and Death
ı	reaulting in death)	\rightarrow	e. Cara	O POOL	EQUENCE (20.9	CX	116	<u> </u>					-	
			out out of asp	10160	T	20CU	m	100	0					i	
	Sequentially list cond	ditiona,	b. DUE TO	O (OR AS A CONS	EQUENCE O	OFI:					4			-	
CALICI	if any, leading to imm ceuse. Enter UNDER	nediate LYING	Leta	- ce	ebro	VAS	cu	Jar	- a	CC	iden	t		İ	
	CAUSE (Disease or in that initiated events	njury		O (OR AS A CONS											
	resulting in death) L	AST	_												
3			d												
EDICAL	PART II. Other significant	cent conditio	ns contributing t	o death but no	t resulting	In the und	eriyin	g cause (given in i	Part I.	24a. WAS AN PERFOR		248		AUTOPSY FINDINGS ABLE PRIOR TO
											1 YES 2	1Xe		COMP	PLETION OF CAUSE EATH?
															YES 2 NO
1	25. WAS CASE REFERRED	TO MEDICAL					26. PI	LACE OF D	EATH (Che	eck only on	o)				
	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:		ne 5 🗆 Re	sidence	5 Che	(Specify)				
	27. MANNER OF DEATH		28e. DATE C	F INJURY	28b. TII	ME OF	8c. IN.	JURY AT			CRISE HOW I	NJURY OC	CURED		
		Pending investigation	(Month,	Day, Year)	I IN	JURY M		YES 2	□ NO						
	2 Accident 3 Suicide	Could not be	28e, PLACE	OF INJURY — At	home, farm,	street, fecto	y, offic	ie			ATION (Street		r or Rural	Route N	lumber,
	4 Homicide	determined	building	, etc. (Specify)						City	or Town, State)				
	290. CERTIFIER	OTIEVINO OUV	SICIAN: To the best	of any knowledge	death ann	and at the sta		and state	and do	to the e	00/0) 0-1-		and.		
COMPL	enel enel	E - Committee of	ER: On the basis of											a) and	manner as stated
					. nrvoetiget	on, in my op					- no preve, an	400 IU I	cause(-) -ind	
	OOL CICALATURE AND TO	THE OF OURTHER	Em I					00- 110							

who completed cause of Death (ITEM 27) (Type, Print)

27 Secret Sto

22. REGISTBAR'S SIGNATURE

29b. SIGNATURE AND TITLE OF CERT

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DR /	DIRE	NOUR	100
MI	ZI	K	8.6
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE RUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funer	DE THEN WITHIN 12 HOURS TREE DEATH WITH THE STATE DEPT. OF HEALIN AND MENTAL HYDENE PINOL ID DUTAS, CIPITADON, OF TERMONAL.	and commence at the model of the model of the contract of the
뿔	里:	8	200
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	1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
- 1	BERNARD	1. SU	GGS	4		DON'TH O	- 90	
	4. SOCIAL SECURITY NUMBER 22 -46-2415	5. SEX 6. AGE (In	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1.8	HITHPLACE (State or Foreign Sountry)
	9e. FACILITY NAME (If not institution, give str	set and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	OF DEATH
DIRECTOR	L. N. C			Liberty	Hotical	Conta	NI	IA
E	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY
		NIA	280	6 Els	Move	AVe		1 YES 2 NO
FUNERAL	BOLTWOOK.	G. M		1	NAP CODE		US.	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	if yes, s		NC ORIGIN? (Specify Year, Puerto Ricen, etc.)		BACE — American Indian, Black White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	life. Do NOT use	rork done during m	ost of working	16b. KIND OF BU	SINESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Lest)	GRAHAM	n		18. MOTHER'S NA	ME (First, Middle, Maiden		ENSON
TO B	19a. INFORMANT'S NAME (Type/Print) MABEL STE	VENSON	19b. MAILING	ADDRESS (Street	and Number or Rural	AVENU	n, State, Zip Cod	
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	val from State	PLACE OF DISPOS other place) ESTERI		rmetery, crematory or R CETM	- The second sec	ALTO	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	EK. G	mes	22. NAME /	NO ADDRESS OF FA	pson F.H.	P.O.	Box 4433
	23. PART I. Enter the diseases, or co	omplications that caused	tha death. Do n	ot antar the m	ode of dying, aud			
	IMMEDIATE CAUSE (Final disease or condition	let only one cause on as	0	udde ~ary		it due	to	Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF): <i>U</i>				
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):							
ATI	if any, leading to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST							
	PART II Other significant conditions contributing to death but not resulting in the underlying course in the Lagrange and ALAUTORNA AND ALAUTO							
EDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 760 1 YES 2 760 1 PART II. Other algorificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
Σ	1 _ YES 2 _ NO							
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ntlant 3 DOA	OTHER:	me 5 🗆 Residence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IP	JURY AT	28d. DESCRIBE HOW	INJURY OCCURE	ED
B	2 Accident Investigation	28a, PLACE OF INJURY	— At home, farm, a		YES 2 NO	281, LOCATION (Street	and Number or R	Iural Boute Number
TED	3 Suicide 8 Could not be determined	building, atc. (Speci	ffy)	,,		City or Yown, State		and a record of the second of
COMPLET	one)	CIAN: To the best of my knowledge. On the bests of axisminstion						use(s) and manner so stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			GNED (Month, Day, Year)
TO BI	, ,	hat mo			DIa	568	12-	5-90.
	20. NAME AND ADDRESS OF PERSON WHO	03 800 Cm	11) Oc	BERT				re.mi
	31. DATE FILED THE BOY YOU 1991	32. REGISTRAB'S SIGNA	Mandall Mandall					

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	2	王	工	OSP	A	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	ATT	ENE	N	6 5	-WS	CA	F	Te la	×	100	res	that	the	dea	the contract of	ertifi	cate	2	exec	uted	×
	2	王	EF	JNE	M	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete	ECTL	98:	Att	H H	Nis O	ertif	cate	has	P.	S	igne	D	\$	at at	puel	ing p	in the	cian	and	8	Tiple
	8	filec	A P	ithin	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cren	13 3	ther	dea	th v	VIEW	the	State	90	pt.	开发	ealth	3	Z p	entz	五	rglen	e pr	100	0 00	rial.	Cre
	2	100	E	IN	-	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event	n 2	8	E	ark	ed,	0	Ite	n 2	3	NO.	8	JE S	E	7	0	the o	or t	Tat	mat	9 3	ver
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31. DATE FILE PEB 12 1990

32 REGISTRAR'S SIGNATURE July Davidson Rondo

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H				0 00.0.
	1, DECEDENT'S NAME (First, Middle, Last)		CERTIF	CAIL OF	DEATH	REG. NO.		3. TIME OF DEATH
	Jose	-DH CH	TUNDER!	-		MONTH, DA	YE YE	AR O
	4. SOCIAL SECURITY NUMBER					1. 3/		
	577-28-4673	1 X M 2 F	(In yrs. last birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-22-20		SHRTHPLACE (State or Foreign Country) ashington, DC
	9a. FACILITY NAME (if not institution, give s	street and number)		9h. CITY, TOWN O	R LOCATION OF DE	ATN	9c. COUNTY	OF DEATH
TOR	SO MANY/AND	D HOSPIA	76	Chini	TUN		Prine	i Chronder Co
DIRECTOR	10a. STATE 10b. COUNT			, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MD Prin	ice Georges	Tem	ple Hill				OF WNAT COUNTRY?
A A				101.	ZIP CODE			
Ä	5709 Hunt Bland				20748			d States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPES IF YES, GIVE WAR OR E 4-22-44 to	2 NO	If yes, spe		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDU			USUAL OCCUPATIO	ON .	16b, KIND OF BUS		lack
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	e completed)	(Give kind of v	vork done durina moi	st of working	100.14.12 01 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7	12	College (1-4 or 5+)	Profess	or		Univers	ity of	D C
N N	17. FATNER'S NAME (First, Middle, Last)	J1	Tioress	OI.	10 MOTHER O NA	ME (First, Middle, Maiden		D. C.
		1					Sumeme)	
BE	Peter H. Saund	lers				Stockton		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		ie)
	Samuel Saunders					lver Sprin		
	20e. METHOD OF DISPOSITION 1	noval from State	other place) Lee & Son				cation - city	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	D ADDRESS OF FA			
	* Seida	1 Beh	1.			eral Service Ave, NW,		
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do n	ot enter the mo	de of dying, euc	h se cardiec or respi	iratory arrest	
	immediate cause (Fine)	Liet only one cause on	each line.					Interval Between Oneet end Death
	disease or condition	GAM	CYACOS	O CALAI	FALL	UNS.		MANDE
	resulting in deeth)	DUE TO (OR AS	A CONSEQUENCE OF					roceinn
_		DIAA	6866					148A1C
ō	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	F):				10100
A	if eny, leeding to immediate cause. Enter UNDERLYING							
윤	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF	F):				
E	resulting in deeth) LAST							
CERTIFICATION		d						
_	PART II. Other significant condition			in the underlying	g ceuse given in			24b. WERE AUTOPSY FINDINGS
MEDICA	ANTENI	OSCUENOS	215			PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE
	7 11 11 11					1 YES 2	UNU	OF DEATH?
Σ								1 YES 2 NO
Z								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	OTHER:	ACE OF DEATH (Ch	neck only one)		
\S	1 TES 2 XNO	1 Inpetient 2 ER/Out			e 5 🗆 Residence	6 Other (Specify)		
Y PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY WO	URY AT ORK? YES 2 NO	28d. DEŞCRIBE NOW	NJURY OCCUR	ED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, secify)	street, factory, offic		281. LOCATION (Street City or Town, State)		Rural Route Number,
Ш	29a, CERTIFIER					1		
J. J.	(Check only	SICIAN: To the best of my known						
COMPLET	2 MEDICAL EXAMIN	EH: Un the basis of examinati	on and/or investigation	n, in my opinion, d	leath occured at the	time, date and place, ar	nd due to the c	suse(e) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE S	GNED (Month, Day, Year)

or coming Balds

BALTIMORE, MARYLAND 2120 burs after death. Page 6 may be retained by the hospital or in by the funeral director, page 5 should be detached for us

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the part of the footh. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	surs after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detache on, or removal.	he medical examiner must be notified at once.
6 6 8 ₹	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, crematic	PORTANT: it Item 28 is marked, or item 23 shows any injury, or other traumatic event, the

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	TATE OF MARYLAND / CEI	DEPARTMENT OF I		IENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) MARK DOWALD	STICHION Ma	nk Ronald S	tichion	2. DATE OF DEATH DA	9 9 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (in yrs. last to			7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
œ	9e, FACILITY NAME (If not institution, give etreet of LOCH YLAVEN V.			OR LOCATION OF DEA		9c. COUNTY OF	777
20	RESIDENCE OF DECEDENT						0
DIRECTOR	10a. STATE 10b. COUNTY Md. Balti		Dunda	4.4			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	8022 Wallace Road		• 10	2/222		10g. CITIZEN OF	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 12. 1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES	If yes, s	CENDENT OF HISPANIC pecify Cuben, Mexicen, S 2 NO Specify:	C ORIGIN? (Specify Yee , Puerto Rican, etc.)	Blac	E — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12)	DN 18a. DECE (Give	EDENT'S USUAL OCCUPAT I kind of work done during re to NOT use retired.)	ost of working	18b. KIND OF BUS	INESS/INDUSTRY	
MP	12	//µ	ilitary Ser		U.S.M		
BE CO	17. FATHER'S NAME (First, Middle, Lest) Ronald Joseph Sz	tichion		Geraldi	re Catheri	ne Hamma	ond
TO 8	19a. INFORMANT'S NAME (Type/Print) Rhonda L. Stichion		MAILING ADDRESS (Street 022 Wallace				
	20e. METHOD OF DISPOSITION C Burlel 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	from State 20b. PLACE Of Sther place	p DISPOSITION (Name of or	emetery, cremetory or Jesus (er.	n. Dun	cation - city or T	
	21. SIGNATURE OF FUNERAL SERVICE LICENS			AND ADDRESS OF FAC		622	
	· Chale D.	Buler	~		er & Son S	nc. Ea	stern Ave.
		only one cause on each line.	th. Do not enter the m	oda of dying, auch	sa cardlec or reapl	ratory arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	RADIONON		SISEMINATI	DINTRA		Onset and Death
		DUE TO (OR AS A CONSEQU	JENCE OF):	· 16	COAGUL	BARTHY	8 Horse
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEOU	PENCE OF):				Ham
FICA	cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A CONSECU	ERFULATED	VIICOS			MALDET
CERTIFICATION	resulting in death) LAST						
A	PART II. Other significant conditions co			ng cause given in F	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC	, HADEKIY	D ZINE IL	-		1 XYES 2	□ NO	OF DEATH? 1 YES 2 AHO
N.					_		1 123 2 3 110
CIAI	25. WAS CASE MEFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTHER:	PLACE OF DEATH (Cho	ck only one)		
IYSI	1 (PYES 2 NO 16	Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY	DOA 4 Nursing Ho	me 6 - Residence (S Other (Specify) 28d. DESCRIBE HOW II	NIEW OCCUPED	
BY PF	Natural 5 Pending	(Month, Day, Year)	INJURY V	YES 2 NO	200. DESCRIBE NOW I	NSONT OCCURED	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hom building, atc. (Specify)	e, farm, street, factory, off	Ice	281. LOCATION (Street of City or Town, State)	and Number or Rure	Route Number,
COMPLETED	One)	1: To the best of my knowledge, deal on the besis of examination end/or in					(e) and manner as stated.
BE	29b, SIGNATURE AND TITLE OF CERTIFIER	guite up	520064	29c, LICENSE NUM	BER	29d. DATE SIGNE	9 SO
5	30. NAME AND ADDRESS OF PERSON WHO DO		27) (Type, Print)	VA. HUS	PITAL		
	31. DATE FILED (Maryle, Day, Your) FEB 12 1990						
	1 ~ 1330	JUNE WEUNDSON-IN	MORE				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co be filed within 72 hours after death with the State Dept. of Health and Mertal Hygiene prior to burial	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic e
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31. DATE FILED (Month, Dey, Year)
FEB 12 1990

32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR			CATE OF		MENTAL HYGIEN REG. NO.			
- 6	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	AY YEA	3. TIME OF OEATH	
	JO	SEPH	T	'IMPSON		2-7-90	W ILA	9:50PM M	
2	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. ie		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign untry)	
8	212-60-4870	1 1 1 36	YRS.	MONTHS DAYS	HOURS MIN.	mplist	1353 1	malman	
	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN C	OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH	
E	Peninsula Genera	l Hospital		Salis	bury	•	Wicomi	co County	
DIRECTOR	RESIDENCE OF DECEDENT						1		
1 2	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?	
<u>a</u>	maryland			SALT	mor	2		1 YES 2 2 NO	
A	100. STREET AND NUMBER	1 7		101	, ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?	
FUNERAL	1415, mo	Rleu 51			212	29	1 6	1. S.H	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AL		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No 14. R	ACE American Indian, lack, White, etc.	
	1 Never Married 2 Married	FORCES 1 YES 2 1 FYES, GIVE WAR OR DATES	WO		2 NO Specific	n, Puerto Ricen, etc.)	s	099 Y: 1 12	
ВУ	3 Widowed 4 Divorced			1			1 4	SIACK	
띹	15. DECEDENT'S EDUC. (Specify only highest grade of	completed) ((Give kind of wo	USUAL OCCUPATIO		16b. KIND OF BUS	SINESS/INDUSTR	Y	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	e. Do NOT use	e retired.)					
COMPLETED									
8	17. FATHER'S NAME (First, Middle, Last)	T. 1= 1	}		18. NOTHER'S NA	AME (First, Middle, Malben	Sumame)	6	
H	John W.	11 mpson		/	LUC.	111-6. 71	1401	19	
2	16a. INFORMANT'S NAME (Type/Print)	1 1	b. MAILING	AOORESS (Street a	and Number or Rural	Apute Number, City or Tow	n, State, Zip Code	21206	
	INS JUCILL	e Foremm 1	4/5	SINOK	1ey 5/	· DALLO.	Md.	2001	
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	val from State 20b. PLACE	OFDISPOSI	ITION (Name of cer	meter Geremetory or	20c. LO	CATION - City o	Town, State	
	4 Donation 5 Other (Specify)	5/./	HULL	fint.	h. Ces	n. OKE	CNTIE	2/6/ 7/10	
	21, SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22. NAME AI	ND ADDRESS OF F	EUSS FUI	Ner Al	Home	
	Hosiah L.	Kurs.		200	Shul	with A	c. Bp	11.42/2/21/	
	23. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or respiretory arrest,					Approximate			
1 1	shock, or heart failure. L IMMEDIATE CAUSE (Final	list only one cause on each lin	a.					intarval Batween Onset and Death	
	disesse or condition	Duntured be	rri o	nouvirom					
	resulting in death)	. Ruptured be						<u> </u>	
7									
ē	Sequentially list conditions,	DUE TO (OR AS A CONSE	OUENCE OF):					
₹	cause. Enter UNDERLYING				Sequantistry list conditions, DUE TO (OR AS A CONSEQUENCE OF):				
Ē		CAUSE (Disease or injury							
	that initiated events OUE TO (OR AS A CONSEQUENCE OF):					,			
토	resulting in deeth) LAST	OUE TO (OR AS A CONSL	OUENCE OF):			_		
CERTIFICATION	resulting in deeth) LAST								
4					g cause givan ir	Part I. 24s. WAS AND PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
4	resulting in deeth) LAST				g cause givan ir		RMED?		
4	resulting in deeth) LAST				g cause givan ir	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	resulting in deeth) LAST				g cause givan ir	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	s contributing to death but not		n the undariyin	g cause givan ir	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other significant conditions		resulting in	n the undariyin 26. P	LACE OF DEATH (C	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXI YES 2 \(\text{NO} \) NO 27. MANNER OF DEATH	HOSPITAL: 1 □ Inpatient 2 □ 大阪(Outpatient	resulting in	26. Pl OTHER: 4 Nursing Hon	LACE OF DEATH (C	PERFORM YES 2	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXES 2 □ NO	
PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 \(\text{NO} \) NO 27. MANNER OF DEATH XXXXIII S \(\text{Pending} \) Pending	s contributing to death but not HOSPITAL:	resulting is	26. Pl OTHER: 4 □ Nursing Hone E OF 28c. IN. URY	LACE OF DEATH (C	PERFOI YES 2 heck only one) 8 🗆 Other (Specify)	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXES 2 □ NO	
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF DEATH XX Metural 5 Pending Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 Inpatient 2 TASS/Outpetient 28a. DATE OF INJURY (Month, Day, Year)	resulting is 3 □ DOA 28b. TIME	26. Pl OTHER: 4 □ Nursing Hon E OF URY M 1 □	LACE OF DEATH (C	PERFORMANCE AND A STREET AND A	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXVES 2 □ NO	
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXYES 2 NO 27. MANNER OF DEATH XXXXIII 5 Pending Investigation	HOSPITAL: I Inpatient 2 New York 28a. DATE OF INJURY (Month, Day, Year)	resulting is 3 □ DOA 28b. TIME	26. Pl OTHER: 4 □ Nursing Hon E OF URY M 1 □	LACE OF DEATH (C	PERFOI YES 2 heck only one) 8 Other (Specify) 28d. OESCRIBE HOW I	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXVES 2 □ NO	
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF DEATH XX Xetural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. Cliff FIER 1 CERTIFYIMA PHYSIC	HOSPITAL: 1 Inpatient 2 TASS/Outpetient 28a. DATE OF INJURY (Month, Day, Year)	Tresulting is	26. Pi OTHER: 4 — Nursing Hone E OF 28c. IN. WY M 1 — treet, tectory, office	LACE OF DEATH (Come 5	PERFORM Theck only one) 8 Other (Specify) 28d. OESCRIBE HOW I 28t. LOCATION (Street City or Yown, State)	INJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXVES 2 □ NO	
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF DEATH XX Metural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. Clist FIER CONCRETE: 1 CERTIFYING PHYSIC	HOSPITAL: 1 Inpetient 2 REM/Outpetient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At houlding, etc. (Specify)	3 DOA 28b. TIME INJU	26. PI OTHER: 4 □ Nursing Hone E OF 28c. IN. URY M 1 □ treet, tectory, office	LACE OF DEATH (Come 5 Residence JURY AT JURY AT YES 2 NO ce	PERFORMATION (Specify) 28d. OESCRIBE HOW I 28t. LOCATION (Street City or Town, State) a to the cause(a) and me	INJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXES 2 \(\triangle \) NO Trail Route Number,	
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF DEATH XX XX Matural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. Climifier 1 Certifying Physic	HOSPITAL: 1 Inpellent 2 SEP/Outpellent 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At houlding, etc. (Specify) CIAN: To the best of my knowledge, dec. On the besie of examination and/or	3 DOA 28b. TIME INJU	26. PI OTHER: 4 □ Nursing Hone E OF 28c. IN. URY M 1 □ treet, tectory, office	LACE OF DEATH (Come 5 Residence JURY AT TYPES 2 NO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	PERFORMATION (Specify) 28d. OESCRIBE HOW In City or Town, State, at the cause(a) and me a time, date and piece, as	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXES 2 \(\triangle \text{ NO} \) We are the third that the	
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF DEATH XX Metural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. Clist FIER CONCRETE: 1 CERTIFYING PHYSIC	HOSPITAL: 1 Inpellent 2 SEP/Outpellent 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At houlding, etc. (Specify) CIAN: To the best of my knowledge, dec. On the besie of examination and/or	3 DOA 28b. TIME INJU	26. PI OTHER: 4 □ Nursing Hone E OF 28c. IN. URY M 1 □ treet, tectory, office	LACE OF DEATH (Come 5 Residence JURY AT PK? YES 2 NO se a and place, and du death occured at the	PERFORMATION (Specify) 28d. OESCRIBE HOW In City or Town, State, at the cause(a) and me a time, date and piece, as	INJURY OCCURE and Number or Ru nor as stated. and due to the cau 29d. DATE SIG	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXES 2 \(\triangle \text{ NO} \) We are the second of the seco	
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF DEATH XX XX Matural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. Climifier 1 Certifying Physic	HOSPITAL: 1 Inpatient 2 NEW/Outpatient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At houlding, etc. (Specify) CIAN: To the best of my knowledge, of the besis of examination and/or	resulting is	26. Pl OTHER: 4 Nursing Hon E OF	LACE OF DEATH (Come 5 Residence JURY AT TYPES 2 NO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	PERFORMATION (Specify) 28d. OESCRIBE HOW In City or Town, State, at the cause(a) and me a time, date and piece, as	INJURY OCCURE and Number or Ru nor as stated. and due to the cau 29d. DATE SIG	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXES 2 \(\triangle \text{ NO} \) We are the third that the	

ARY	etained b	phoug	offfed	A DE
BALTIMORE, MARY	death. Page 6 may be re	funeral director, page 5	examiner must be no	-
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Vis after death. Page 6 may be retained to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should in the filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be nogified	TO BE COMBI ETED BY BUYEICIAN: MEDICAL DESTRECATION
	-			ı G

PATTI ALLEN, M.D.

31. DATE FILED (MELEN) 12 1990

THE JOHNUS

32. REGISTRAR'S SIGNATURE
July Davidson Randall

	FOR	STATE OF MARYLAND /	DEDA D	TMENT OF	HEALTH AND	MENTA: UV	HENE	20 0312	
	1 - STATE REGISTRAR				F DEATH		. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH DAY.	3. TIME OF DEATH	
	GEORGE TAYI						RY 8, 19		
	218-70-1801	8. AGE (In yrs. last	birthday)	MONTHS DAY	8 HOURS MIN.	2. DATE OF BIRT (Month, Day, VI 9/29/	100	8. BIRTHPLACE (State or Foreign Country)	
OR	9a. FACILITY NAME (If not institution, give stree THE JOHNS HOPKINS	HOSPITAL		BALTII	N OR LOCATION OF DI MORE CITY		BALT	ITY OF DEATH IMORE	
គ្គ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY	
DIRECTOR	MD	181		TIMORE				LIMITS?	
FUNERAL	1683 CLIFTVIEW AVE	ENUE			10f. ZIP CODE 21213	}	t0g. CITIZ	USA	
BY FUN	11, MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 X N IF YES, GIVE WAR OR DATES	MEO O	If yes	DECENDENT OF HISPA specify Cuban, Maxico (ES 2 NO Specif	in, Puarto Rican, e	ify Yea or No— c.)	14. RACE — American Indian, Black, White, etc. Specify:	
	15. OECEDENT'S EDUCAT	TON 10- DE	PEDENTIO	USUAL OCCUP	47.04	401 1/10/0	F BUSINESS/IND	BLACK	
Н	(Specify only highest grade co-	mplated) (Gi	ve kind of Do NOT u	work done during	most of working	180. KIND (P BUSINESS/IND	JSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	LABO	DED		BETHI	EHEM ST	TEEL CORP.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		LADU		18. MOTHER'S NA	ME (First, Middle, A	faiden Sumame)		
出	CLARENCE TAYLOR								
2	19a. INFORMANT'S NAME (Type/Print)	198	. MAILING	ADDRESS (Str	et and Number or Rural	Route Number C'ty	-r Town, State, Zip	Code)	
-	FRANCES TAYLOR				EW AVENUE				
	20a. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remove	il from State other pla	ice)	A De Laure	cemetery, crematory or	2	oc. LOCATION —	City or Town, State	
	4 Domitten 5 Other (Specify)		TUS		PARK AND ADDRESS OF F	ACH ITY	ARBUTUS	, MD	
	Julia R. D.	narch			C. MARCH		E. NOR	TH AVENUE	
	23. PART I. Enter the diseases, or cor							eat, Approximate	
	IMMEDIATE CAUSE (Final	at only one cause on each line.						Intarval Batween Onset and Death	
- 1	disease or condition resulting in death)	DUE TO (OR US A CONSEC						5 days	
	Todatany in death,								
Z	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF): Verticular any hyptiques Due to (OR AS A CONSEQUENCE OF): Verticular any hyptiques V								
AT	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE O	F):	. 41			Muss.	
SE	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	SUENCE O	D: My	fall and			103	
CERTIFICATION	resulting in death) LAST				•				
빙									
SAL SAL	PART II. Other algnificant conditions	My pertrophy	esuiting	in tha undari	ying cause given in		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ă	Benign prostitic	org per of an				- 11/4	(ES 2 NO	OF DEATH?	
Σ						-		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			2	. PLACE OF DEATH (C	heck only one)			
SS	EXAMINER?	OSPITAL: Unpetient 2 - ER/Outpetient 3	□ DOA	OTHER:	Home 5 - Realdence	8 Cher (Speci	(c)		
PHYSICIAN: MEDICAL	27. MANNER OF OEATH	28a. DATE OF INJURY	28b, TIR		INJURY AT WORK?	·	HOW INJURY OCC	CUREO	
ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)			YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At ho building, atc. (Specify)	me, farm,	atreet, factory,	office	28f, LOCATION (City or Town		or Rural Route Number,	
COMPLETED	CONSULT OF THE CONSUL	AN: To the best of my knowledge, de							
8		On the basis of examination and/or i	veatigati	on, in my opinio				The state of the s	
B	296, SIGNATURE AND TITLE OF CERTIFIER	, M.D.			29c. LICENSE NU E982		29d. DATI	E SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Typ	, Print)					

600 NO. WOLFEST. BALTIMORE, MD 21205

FEB 1 2 1990

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
Gulin Davidson-Randall

T	O DE COMPLETED DO BUXELCIÁN: MEDICAL CERTIFICATION
il examiner must be noti	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notif
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.
the funeral director, page 5	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5
er death. Page 6 may be rell	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.10urs after death. Page 6 may be relief
DALLIMORE, MA	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

								U	03130
	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF	RTMENT OF		MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				_	2. DATE OF DEATH			IME OF DEATH
,	JOHN W. TYLER					MONTN DA		AR 7	:55 P. M
	4. SOCIAL SECUP 8143	5. SEX 6	. AGE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLAC	E (State or Foreign
	215-10-1843	1 M 2 D F	76 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5-7-13		Marv	land
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY		
۳ ا	1024 Crosby Road	d		Ca	tonsville	2	Balti	more	
DIRECTOR	1024 Crosby Road	The state of the s					Dares		
뿐	toe, STATE 10b, COUNTY	_	10c. Cl	TY, TOWN OR LOC	ATION			10d	INSIDE CITY LIMITS?
		imore		Catons					YES 2 NO
FUNERAL	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEN		COUNTRY?
ÿ	1024 Crosby Road				21228			5.A.	
E	1t. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	YES 2 NO	If yes, s	pecify Cuban, Mexica	IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	or No- 14.	Black, Wh	merican Indian, Ita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAT		1 🗆 YE	S 2 NO Specify	<i>'</i> :		Specify:	ite
	15. DECEDENT'S EDU	CATION	18e, DECEDENT'S	S USUAL OCCUPAT	TON	18b. KIND OF BUS	SINESS/INDUST		1100
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of	work done during number retired.)	nost of working				
집			Pi	lot		Comme	rcial A	viat	ion
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden			
BE C	Henry Tyler				Edna 7	Traeg			
	19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Co	de)	
2	Jessie L. Tyler		1024	Crosby	Road Bal	Ltimore, M	D 21228	3	
	20e. METHOD OF DISPOSITION	ough from State	20b. PLACE OF DISPO	OSITION (Name of c	emetery, crematory or	20c. LO	CATION — City	or Town,	State
	1 ☐ Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Oonation 5 ☐ Other (Specify)	IOVAI HOIN STATE		ew Memor	ial Park	Sy	kesvil:	Le, M	ID
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE 12		22. NAME	AND ADDRESS OF FA	al Home, I	nc		
	Jaun ! So	mitt.				Ave. Balt		Md.	21229
	23. PART I. Enter the diseases, pr	complications that	ceused the deeth. Dp						Approximate
	ahock, Dr heert fellure. IMMEDIATE CAUSE (Finel	List Dnly Dne cause	on each line.					i	Interval Between Onset and Death
	disease or condition	Metas	tatic 6	- VIA S	Cancer	-		į	
	resulting in death)	DUE TO (C	HAT'L L	OF):					
z		Sequentially list conditions, b. DUS TO OR AS A CONSCIUENCE OD.							
CERTIFICATION	If any, leading to immediate								
S	cause. Enter UNDERLYING								
H	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST								
H	resulting in deeth) LAS1								
- T.	PART II. Other significent condition	ns contributing to d	eath but not resulting	In the underly	ng ceuse given in	Part I. 24s. WAS AN	AUTOPSY		RE AUTOPSY FINDINGS
S						t Tyes		COL	ILABLE PRIOR TO IPLETION OF CAUSE
								.166	DEATH?
2									
A	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER: 4 Nursing No	ome 5 Residence	8 Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATN	28a. DATE OF II (Month, Day		ME OF 28c. I	NJURY AT VORK?	26d. DESCRIBE NOW	INJURY OCCUR	ED	
	t Natural 5 Pending	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
-		M 1 VES 2 NO						Rural Route	Number,
D BY		3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							
	2 Accident Investigation	28e. PLACE OF building, e	INJURY — Al home, farm tc. (Specify)	, attent, factory, or		City or lown, State)		7(0.00)
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	building, e	INJURY — Al home, farm tc. (Specify) ny knowledge, death occu						
	2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1) CERTIFYING PNYS	building, e	tc. (Specify)	rred at the time, de	eta and place, and due	to the cause(a) and ma	nner as stated.	ause(a) and	
COMPLETED	2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1) CERTIFYING PNYS	BICIAN: To the best of n	tc. (Specify) ny knowledge, death occu	rred at the time, de	ate and piece, and due, death occursed at the	to the cause(a) and me time, data and place, a	nner as stated.		
BE COMPLETED	2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	BICIAN: To the best of n	tc. (Specify) ny knowledge, death occu	rred at the time, de	ate and piece, and due, death occursed at the	to the cause(a) and me time, data and place, a	nner as stated. nd dus to the c	IGNED (Mo	d manner as stated.
E COMPLETED	2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	BICIAN: To the best of n	ny knowledge, death occu mination and/or investige	rred at the time, de	ote and piece, and due, death occured at the	to the cause(a) and ma time, data and place, a MBER	anner as stated. and due to the company of the com	G G	d manner as stated.
BE COMPLETED	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIE	BICIAN: To the best of n ER: On the basic of axa ER On COMPLETED CAUSI	ny knowledge, death occu mination and/or investige	rred at the time, de	ote and piece, and due, death occured at the	to the cause(a) and ma time, date and place, a MBER	anner as stated. and due to the company of the com	G G	d manner as stated.

out be described for use as the burnil-transit permit. Pages 1, 2, 3 should

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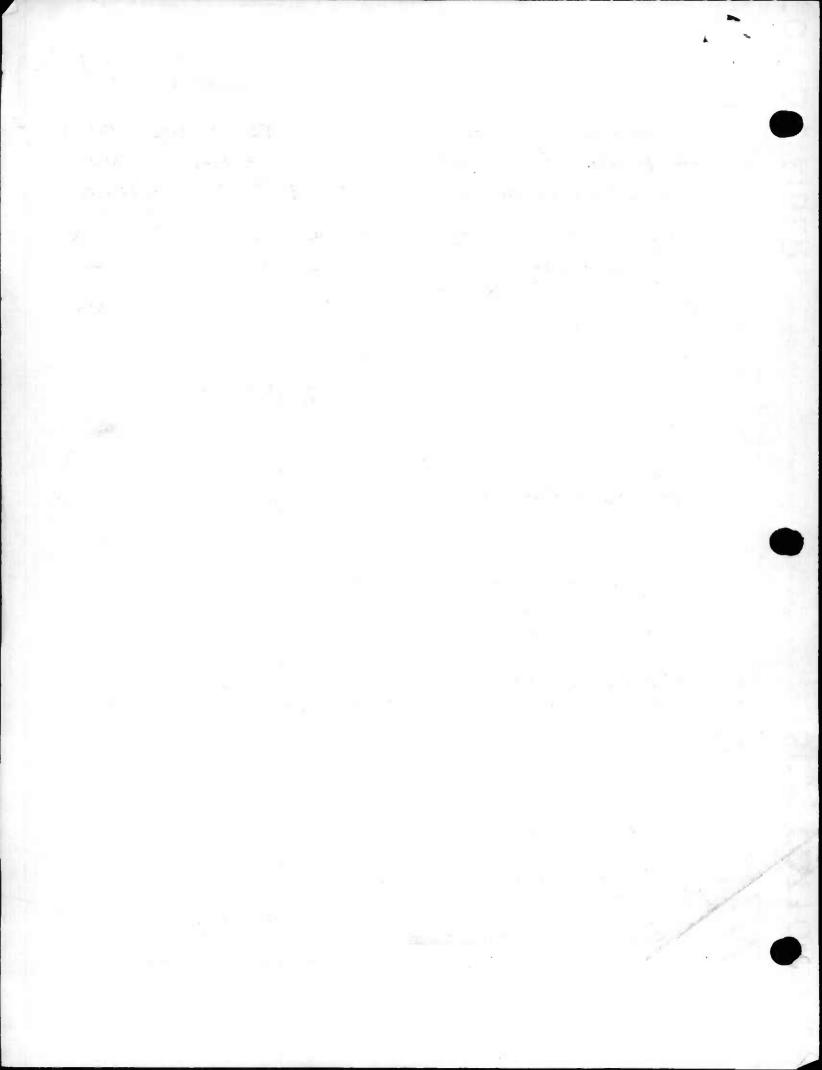
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Z	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	UBER				2. DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE	3. TIME OF DEATH 1:37 P M			
	PAIII. 4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign		
	7,000			MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		ntry)		
i			80 YRS.			6/13/09		Pa.		
_	9a. FACILITY NAME (If not institution, give stre	et and number)		96. CITY, TOWN I	OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH		
9	Memorial Hospita	1		Cumber	land		Allega	any		
5				Y. TOWN OR LOCAL						
DIRECTOR		Garrett			ad, Swant	ton Md		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
		Lett	DL			ton, nu.		1 YES 2 1 10		
¥	10s. STREET AND NUMBER	0	363	10:	ZIP CODE			WHAT COUNTRY?		
FUNERAL	Rt. 2 Box 220	Swanton,	Ma.	1	21561		USA			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			NIC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian,		
	1 Never Merried 2 Merried	FORCES? 1 YES			ecify Cuben, Mexica 2 TVO Specify	n, Puerto Rican, atc.)		eck, White, atc.		
BY	3 Widowed 4 Divorced				AA			WILLEE		
	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUPATION	ON of working	16b. KIND OF BUS	SINESS/INDUSTRY			
<u> </u>	Elementery/Secondary (0-12)	College (1-4 or 8+)		work done during mo se retired.)	St Ca Worlding					
4	N/A		Welder	-		Paper 1	Mill			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)			
	Joseph Uber				E1.	len Cramer	Ilher			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Town				
2	Dorcus Suit			Burton	nsville,	Md.				
	25/XMETHOD OF DISPOSITION	20b.	PLACE OF DISPOS	SITION (Name of ce	metery, crematory or	20c, LO	CATION — City or	Town, State		
	14 Burlel 2 Cremetion 3 Remon	ral from State	other place)		15.	1000000		W-128-		
	21, SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Der-Faze	22. NAME A	ACIDIC LETY	Dry	V-KUH SW	anton, Mo.		
i si	1					ck Funeral				
	treseich W	Waruch	Jas	_ 111	Church S	St. Western	nport, M	ld.		
	23. PART I. Enter the disesses, or co			not enter the mo	da of dying, suc	h ss cardisc or reapi	ratory arrest,	Approximate		
	shock, or heart failure. LIMMEDIATE CAUSE (Finel							Onset and Death		
	disease or condition									
	DUE TO (DR AS A CONSEDUENCE OF):									
_ 1	- Car fulmon ale									
CERTIFICATION	Sequentially list conditions, Due to (or As A consequence of):									
X	cause. Enter UNDERLYING									
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEDUENCE O	F):						
E	resulting in death) LAST									
8	0.									
A	PART II. Other significant conditions			in the underlyin	g cause given in	Part i. 24s. WAS AN PERFOR		46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
2	Aorhe Val	ve thoreas	C					COMPLETION OF CAUSE OF DEATH?		
MEDICAL	\$10 Starr - E	dwards.	Acrhe	Value	(rest	6 8813		1 YES 2 NO		
-	SIP Starr-Edwards Acrhe Value Presttesis 1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	neck only one)				
20	EXAMINER?	HOSPITAL:	-tit 2 🗆 DO3	OTHER:						
₹	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIN		JURY AT	8 Other (Specify) 28d. DE\$CRIBE HOW II	N ILIEN OCCUPED			
4	1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY WI	YES 2 NO	26d. DESCRIBE NOW I	NJONI OCCURED			
BY	2 Accident Investigation	OR DI ACE OF IN HIRW	At home form			244 1 2 2 2 7 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2		-1.0 11		
8	3 Suicide 6 Could not be 4 Hornicide detarmined	28e. PLACE OF INJURY building, etc. (Speci	f(y)	mireet, tectory, offic		26f. LOCATION (Street in City or Town, State)	and Number or Hun	ai Pioule Number,		
COMPLETED			,							
립		IAN: To the best of my knowle	edge, death occurr	red at the time, date	and place, and due	to the cause(s) and mar	ner sa stated.			
00	one) 2 MEDICAL EXAMINER	: On the basis of examination	and/or investigation	on, in my opinion,	death occured at the	time, date and place, an	d due to the caus	e(s) and manner as stated.		
C	296. SENATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		29d. DATE SIGN	ED (Month, Day, Year)		
BE	Clausheeld	the			0202	158	1 2/5	190		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	a, Print)						
	Dr. Shrestha, M	emorial Hosp	ital.Cu	mberland	, Marvla	nd 21502				
					J					
	FEB 1.2 1990	Selia Savidson	fandelle							
			4							

The use as the burial-transit permit, Pages 1, 2, 3 should ital or attending physician. BALTIMORE, MARYLAND 21203-3146 ours after death. Page 6 may be into IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Arburs after death. Page 6 may be intended by THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 m be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation. or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) HELEN K VERL	ANDER	24).			2. DATE OF D	SEATH DAY	YEAR	3. TIME OF DEATH 5 4 M		
	4. SOCIAL SECURITY NUMBER 229-18-9065	5. SEX							etherace (Stall or Foreign inginia		
TOR	9a. FACILITY NAME (If not institution, give street and number) CHURCH HOSPITAL CORPORATION 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH -								F DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND							10d. INSIDE CITY LIMITS? 1 J YES 2 NO			
FUNERAL D	100. STREET AND NUMBER 3203 DILLON ST	- BALTIMORE CITY 101. ZIP COOE 21224						g. CITIZEN O	F WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2XXNO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1. USS 2-52 MO Specify: Specify:					ACE — American Indian, lack, Whife, etc.		
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEOENT'S USU (Give kind of work life. Do NOT use rei	done during mos lired.)	N at of working	16b. KIN	D OF BUSINE	SS/INDUSTR	Y		
MP	7th 17. FATHER'S NAME (First, Middle, Last)		Hous	ewife			_				
	Charles Bernard	Vauso			18. MOTHER'S NAM			name)			
BE	19a. INFORMANT'S NAME (Type/Print)	Kruse	19b. MAILING AD	DRESS (Street a	nd Number or Rural R			tata, Zio Code)		
2	Mrs. Mattie Jean	Scott							, Md. 21093		
	20s. METHOD OF DISPOSITION 1 % Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) Oak Lawn Cemetery 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) Oak Lawn Cemetery Baltimore, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICE	nauhen	s c	Matth	o Address of FAC ews Fune: Eastern A	ral Ho		nore,	Md. 21224		
ATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Deeth Onset										
CERTIFICATION	CAUSE (Discess or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions	RT II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.					. WAS AN AUT PERFORMEI YES 2	D?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	100	26. PL	ACE OF OEATH (Che	ack only one)					
YSI	1 TYES 2 NO	1 Scinpetient 2 - ER/Out	tpatient 3 DOA 4	☐ Nursing Hom	e 5 🗆 Residence						
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 🗆	RK? res 2 No		DEȘCRIBE HOW INJURY OCCUREO				
							Number or Ru	ral Route Number,			
COMPLETED	one)	CIAN: To the best of my known.							se(a) and manner se stated.		
									NED (Month, Day, Year)		
O BE		DR. IRENE	DIBARRA		D-3803			8/6	190		
임	30. NAME AND ADDRESS OF PERSON WHO										
		RRA CHURCH	HOSPITAL	CORP	ORATION	1					
	31. OATE FILED MANIE 1990	3 and bure									

	HEGISTHAH	CENTIFICA	AIE OF L	EAID	HEG.	NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT	DAY	3. TIME OF DEATN		
	George H. Wooth	W			Fab.		90 104 Pm		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. /	7/	-		7. DATE OF BIRTI		8. BIRTNPLACE (State or Foreign Country)		
	220-07-9034 1VM20F	68 YRS.	THE DAYS H	IOURS MIN.	2/13	721	MD		
	9s. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN OR	LOCATION OF DEA	TN)	9c. COU	INTY OF DEATH		
=	Baltimore Countr Colneral	Hospin	RAN	DAIIS	70WN		Baltimore		
DIRECTOR	RESIDENCE OF DECEDENT			- 7771-					
Ä	10s. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATIO	N I -	And	2178	10d. INSIDE CITY LIMITS?		
5	MD Carroll Con	with 5	1Kesu	THE.	1 TYES 2 NO				
FUNERAL	10e. STREET AND NUMBER		10f. Z	IP CODE	. /	10g. CIT	TIZEN OF WHAT COUNTRY?		
H H	11! White Way			USA					
5	11. MARITAL STATUS 12. WAS DECEDENT EX	ER IN U.S. ADMED		DENT OF NISPANIC		14. RACE — American Indian, Black, White, etc.			
	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR	YES 2 NO	1 Tyes, speci	ly Cuban, Mexican, NO Specify:	Puerto Hican, et	0.)	Specify:		
à	3 Widowed 4 Divorced						WATTE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	JAL OCCUPATION done during most	at working	16b. KIND O	F BUSINESS/IN	DUSTRY		
4	Elementary/Secondary (0-12) College (1-4 or 6 +)	ilfe. Do NOT use re	tired.)			75.			
=	8th Grade	Supervisor	of Rem	nodeling	Hen	ry A. E	Knott Co.		
	17. FATNER'S NAME (First, Middle, Last)		1	16. MOTNER'S NAM	E (First, Middle, M	alden Sumame)			
H H	George Houston Wootton			Evelyn 1	Lane				
	19a. INFORMANT'S NAME (Type/Print)	19b, MAILING AD	DRESS (Street and	Number or Rural Ro	oute Number, City	or Town, State, Zi	in Code)		
2	Mrs. Terry Lee Dickens	3826 B1	cownhill	L Road I	Randall	stown,	MD 21133		
	20a. METNOD OF DISPOSITION	20b. PLACE OF DISPOSITIO	ON (Name of cemel	lery, cremetory or	20	c. LOCATION -	- City or Town, Stats		
	1 Strict 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)	Lake	View Memorial Park Sykesville, Maryland						
134	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FACILITY							
	Doupl 9.11. Kellner		ors, Inc.						
				lberty Ro					
	23. PART i. Enter the diseases, or complications that ca shock, or heart feilure. List only one cause		enter the mode	e of dying, such	as cerdiec or	respiratory e	rrest, Approximats Interval Between		
	IMMEDIATE CAUSE (Final	E STATES AND					Onset and Death		
	disease or condition s. Caudia	ic Arrest							
		AS A CONSEQUENCE OF):					B		
z I	Cardone Tamponade								
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	AS A CONSEQUENCE OF):							
5	CAUSE (Disease or injury	ditis							
	that initiated events	AS A CONSEQUENCE OF):							
H	resulting in death) LAST						,		
	PART ii. Other significant conditions contributing to de	sth but not resulting in t	he undertving	cause given in F	Part I. 24e. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
3		Pulmonan thromboembolism					AMAILABLE PRIOR TO COMPLETION OF CAUSE		
EDICAL			0 ;	1	- 100	ES 2 NO	OF DEATH?		
	Laceration of spleen with T	ntrablema	Cheme	mare	_		1 TES 2 NO		
Z	0								
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	Ι α	26. PLA	CE OF DEATN (Chec	ck only one)				
S	1 YES 2 NO 1 Inpatient 2 EF			5 Residence 6	Other (Specif	y)			
표	27. MANNER OF DEATN 28a. DATE OF INJ (Month, Day,		F 28c. INJUI	RY AT K?	28d. DESCRIBE	HOW INJURY O	CCURED		
ВУ	1 Naturat 6 Pending 2 Accident Investigation		M 1 TYE	S 2 NO					
	3 Suicide 6 Could not be 26e. PLACE OF IN-	IJURY — Al home, farm, stree (Specify)	et, factory, office		261. LOCATION (City or Town,	Street and Numb State)	er or Rural Route Number,		
COMPLETED	4 Homicide determined								
	296. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurred a	it the time, date a	nd place, and due t	to the cause(s) as	nd manner as st	inted.		
\$	one) 2 MEDICAL EXAMINER: On the basis of sxam	ination and/or investigation, i	n my opinion, des	ath occured at the 1	ime, dats and pla	ice, and due to	the cause(s) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER		- 1	29c. LICENSE NUMI	BED	294 D4	ATE SIGNED (Month, Day, Year)		
H H	Mark Soma Ariaint	· P. H Pan	1-	ZEC LICENSE NOM	DEN	290.0	2/10/00		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (DE DEATH (ITEM 27 CASE >	(ref)				-110170		
	YU-WEN CHANG +	10 Beltin	1 /	1 / 0	.0 11	-2.0	0		
		CIONATURE	~ Cour	& Geno	une 17	nlides			
	31. DATE FILED (Worth, Day, Year) 32. REGISTRAR'S FEB 1 2 1990 File David	And Handell		,		-			
	THE THE TOUR PROPERTY	100							



	FOR STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND	MENTAL HYGI REG.					
	1. DECEDENT'S NAME (First, Middle, Leat)	N Wic	GINS			2. DATE OF DEATH	F DEATH DAY GEAR		3. TIME OF DEATH 33		
	4. SOCIAL SECURITY NUMBER 215-01-6986	$0.1-6986$ 1 \square M 2 $\overline{\chi}$ F 72 YRS. MONTHS DAYS NOURS MIN. (Month, D. 1.2 - 0.1)						-17 VIRGINIA			
TOR	9a. FACILITY NAME (If not institution, give street and number) BALTIMORE COUNTY GENERAL HOS. BALTIMORE BALTIMORE PESIDENCE OF DECEMENT 9c. COUNTY OF DEATH BALTIMORE										
DIRECTOR	10e. STATE 10b. COUNTY	217 77707					LIM				
ERAL	100. STREET AND NUMBER 5 1 8 8 ELLIOTS OF	STREET AND NUMBER 188 ELLIOTS OAK ROAD					U.S.A.				
BY FUN		12. WAS DECEDENT EVER IN U. FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	NO NO	If yes,	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- if yes, specify Cuban, Maxican, Puerto Rican, stc.) 1 VES 2 X NO Specify:				14. RACE — American Indian, Black, Whita, atc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12) ELEMENTARY	NTION 16: ompleted) College (1-4 or 5+)	a. DECEDENT'S (Give kind of w life. Do NOT us HOUSE	rork done during a retired.)	ATION most of working	16b. KIND OF	BUSINESS/INC	DUSTRY	BBNOK		
5	17. FATHER'S NAME (First, Middle, Last)			-	16. MOTHER'S NA	ME (First, Middle, Ma	Iden Sumame)				
8E	FRANK WHITE	<u>한</u>			MARGA	ARET JOI	NES				
10	19a. INFORMANT'S NAME (Type/Print) WILLIE WIGGINS		19b. MAILING 5188		ot and Number or Rural OTS OAK		7 Town, State, Zip Code) 2 1 0 4 4)				
	20a. METHOD OF DISPOSITION 1 (2) Evirial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	WE	UTUS N	TEMONAI STAR	PK. CEMETER		LOCATION —		MARYLAND		
	21. BIGHATURE OF FUNDAL BETWICE LICES	10 L-9	ne	100	N/THOMPS		. P.(). E	OX 4433		
HILLICATION	ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF):										
DIABETIS NECLICALY PERFORMED? 1 YES 2 NO								WERE AUTOPSY FINDINGS AMRIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C)	eck only one)					
S		HOSPITAL: 1 🗆 Inpatient 2 🗆 ER/Outpatie	ont 3 🗆 DOA	OTHER: 4 Nursing I	iome 5 🗆 Residence	6 Other (Specify)					
1 Natural 5 Pending M 1 YES 2 NO 2 Acoldent Investigation 28e PLACE OF INJURY At home farm street factors office 28e PLACE OF INJURY At home farm street factors office 28e PLACE OF INJURY At home farm street factors office 28e PLACE OF INJURY At home farm street factors office 28e PLACE OF INJURY At home farm street factors office 28e PLACE OF INJURY At home farm street factors of the part of							OW INJURY OC	CURED			
							Route Number,				
3 Suicides 4 Could not be determined Duilding, etc. (Specify) City or Town, State) 29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(a) and menner as stated.								s) end menner as stated.			
O BE C	296. SIGNATURE AND TITLE OF CENTIFIER	S	MD-		29c, LICENSE NU D 19 L	MBER 2	29d. DAT	E SIGNED	(Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	CONANGE	(ITEM 27) (Type)	· Ba	of RA.	NDAHS Z	ww	rel	1. 21133		
	31. DATE FILED (Month, Day, 1607) FEB 1 2. 1990 32. DEGISTRABIS SIGNATURE A. L. Maindage Rondall A.										

lehed for use as the burial-transit permit. Pages 1, 2, 3 should ospital or attending physician. ID 21203-3146 nours after death. Page 6 may bled in by the funeral director, page, or removal. BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	뿔	물	pall	NO.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 5 may be returned to the continued out	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page countries to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REG. NO.									
ı	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH			TIME OF DEATH
,	tnez. L	, Wingfield				MONTH	2_ DA	89	YEAR	500 PM
1	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEA		7. OATE O	F BIRTH	8	BIRT HPL	ACE (State or Foreign
i	216-10-3401	1 □ M 2X□XF 7 3	YRS.	MONTHS DAY	HOURS MIN.	06-	1 1 - 1 6	5 B	ALT ()., MD.
	Se. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOW	N OR LOCATION OF D	EATH		9c. COUNT	Y OF DEAT	Ή
DIRECTOR	UNIVERSITY OF	MARYLAND H	OSP.	BAL	CIMORE			N/	A	
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CIT	Y, TOWN OR LO	CATION				10	d, INSIDE CITY
HO I	MARYLAND N/A	A	В	ALTIM	ORE				1)	LIMITS? XYES 2 NO
	10e. STREET AND NUMBER			T	101. ZIP CODE			10g. CITIZE		T COUNTRY?
FUNERAL	1812 WEST SARA	ATOGA STREE	T		21223			US	Α	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	LSARMED		ECENDENT OF HISPA specify Cuben, Mexico			or No- 1	4. RACE	American Indian, /hita, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	1 🗆 1	ES 2X XIO Specif	fy:	cen, etc.)		Specify:	
	15. DECEDENT'S EDUC	ATION I	I6a. DECEDENT'S	LIGHAL OCCUP	TION	105.1	(IND OF BUS	INESS/INDI	CTEV	BLACK
TE	(Specify only highest grade	completed)	(Give kind of	work done during se retired.)	most of working	100.	CIND OF BUS	MESS/INDU	SINT	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOUSE	WIFE						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mi	ddle, Maiden	Surname)		
BE C	ALEXANDER FRI	EEMAN			MAU	DE J	OHNS	NC		
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING		et and Number or Rural				-	
2	Attexander +	reeman fr.	181	2 W	SARA	106 A	57	(21	223)
	20a_METHOD OF DISPOSITION 1/A Burial 2 Cremation 3 Remo	20b. F	PLACE OF DISPO	SITION (Name of	cemetery, crematory or			CATION — CI		
	4 Donation 5 Other (Specify)	GA	RRISON		ST VETER		BAI	BALTIMORE, MARYLANI		
	21. SIGNATURE OF FUNETAL SERVICE LIC	ENSEE		22, NAME	AND ADDRESS OF FA	ACILITY				
	Minette	1 K. Lyon	co	BRO	WN/THOMP	SON	F.H.	P.0). B(X 4433
	23. PART I. Enter the diseases, or c	omplications that caused t	tha death. Do	not anter the	mode of dying, suc	ch ss cerdi	ec or respi	ratory srre	st,	Approximate interval Between
	IMMEDIATE CAUSE (Finel									Onset and Deeth
	disease or condition resulting in deeth) a. Cardiac arrest							554		
	DUE TO (OR AS A CONSEQUENCE OF):									
O	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ATI	if any, leading to immediate cause. Entar UNDERLYING								1 11 ac house	
FI	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE O	F):						whole
CERTIFICATION	resulting in death) LAST									
	DAPT II Oshoo significant condition					n I			T	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PART ii. Other significant conditions	s contributing to deeth but	t not resulting	in the under	ring cause given in	Part I.	PERFORMED? AVAILAB			MILABLE PRIOR TO OMPLETION OF CAUSE
ă							1 TYES 2 NO OF DEATH?			
Σ						—			1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			25	PLACE OF DEATH (C	heck only one)			
Sici	EXAMINER?	HOSPITAL:	tient 3 🗆 DOA	OTHER:	Iome 5 - Residence					
НХ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIR	AE OF 28c.	INJURY AT		RIBE HOW I	NJURY OCC	JRED	
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	l in	M 1	WORK? YES 2 NO					
	2 Accident 3 Sulcida 8 Could not be	28e. PLACE OF INJURY - building, atc. (Specify	At home, farm,	street, factory, o	ffice		TION (Street or Town, State)		or Aural Aou	te Number,
E	4 Homicide determined						, , , , , , , , , , , , , , , , , , , ,			
COMPLETED	29e; CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	dge, death occur	red at the lime,	lete and place, and du	a to the cour	e(e) end mar	nner as state	d.	
OM	one)	R: On the basis of examination	and/or investigati	on, in my opinio	n, death occured at th	e time, deta	and place, an	d dua to the	cause(a) e	nd manner as stated.
O	296. SIGNATURE AND TOTAL OF SENTIFIES	DAAM			29c. LICENSE NU	MBER		29d. DATE	SIGNED (M	forith, Day, Year)
0	150/Van	MVVVD						•	2 2	19/90
2	30. NAME AND ADDRESS OF PERSON WHO				1.1	1 /		-		
		Univ.	Man	yland	Hospit	al.				
	31. DATE FILE EB 12 1990	3. REGISTBAR'S SIGNAT	Mandell							

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle,	· Wellner			2. DATE OF DEATH	5 96	3. TIME OF DEATH 9.009 M
4. SOCIAL SECURITY NUMBER	3.4	MONTE	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign nuntry)
219-18-7955 De. FACILITY NAME (If not institution,	J	6 YRS.	ITY, TOWN OR LOCATION OF D		8 MA	RYLAND
FAllston Gene	eral Hospital		Fallston		Hart	
RESIDENCE OF DECEDEN 10a. STATE 10b. CO	T	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY
	ARFORD	FALLST	TON			t YES 2 X NO
10e. STREET AND NUMBER	DOAD		101, ZIP CODE			OF WHAT COUNTRY?
2601 FALLSTON I	12. WAS DECEDENT EVER IN I	U.S. ARMED	21047 13. WAS DECENDENT OF HISPA		or No — 14, R	ACE — American Indian,
1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DAT 2/27/46-12/	2 NO 22/47	If yes, specify Cuban, Maxic 1 YES 2 NO Speci		S	Nack, White, etc.
15. DECEDENT'S (Specify only highest	EDUCATION	18a. DECEDENT'S USUAI	ne during most of working	16b. KIND OF BUS	BINESS/INDUSTR	Y
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retire	d.)	DETTI C	errer C	ODD.
12 17. FATHER'S NAME (First, Middle, Las	nt)	TOOL MAKE		BETH. S		JRP.
FRANK J. WELLI	NER		NELLIE	VIRGINIA H	IART	
19a. INFORMANT'S NAME (Type/Print) JOHN INTLEKOFEI			ESS (Street and Number or Rural			
200 METHOD OF DISPOSITION	905	PLACE OF DISPOSITION	(Name of commetery, crematory or		CATION City o	
Buriel 2 Cremetion 3 4 Donation 5 Other (Specify)	GA		REST VET. CEM		NGS MI	LL, MD.
21. SIGNATURE OF FUNERAL SERVI	11 . 1.		22. NAME AND ADDRESS OF FA		ic.	
1 1	t. Dippel		7110 BELAIR	ROAD BALTIM	ORE, M	
	i, or complications that caused to lure. List only one cause on each	ch line.		C. DAVILLA CONTROL OF		Approximate interval Between Onset and Daath
resulting in deeth)	B. CACHEYIA .	CONSEQUENCE OF):	PROCES	1 CHRISTIA	your	
Sequentially list conditions,	b		0 01 2 .			
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	consequence.of): -	l Carcinos	untoi	4	
CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A			-	:	
resulting in death) LAST	d					
PART II. Other significent con-	ditions contributing to deeth bu	t not resulting in the	underlying ceuse given in	Part I. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
				1 🗆 YES 2	□ NO	OF DEATH?
						1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	AL HOSPITAL:	OTA	26. PLACE OF DEATH (C	heck only one)		
1 YES 2 NO	1 ☐ Inpatient 2 ☐ ER/Outpat		Nursing Home 5 - Residence		Marine Coordinate	
1 Netural 5 Pending	(Month, Day, Year)	INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	
2 Accident Investigat 3 Suicide 6 Could n 4 Homicide determin	28e. PLACE OF INJURY - building, etc. (Specifi	At home, farm, street,	factory, office	28f. LOCATION (Street a City or Town, State)		iral Route Number,
(Chock City)	PHYSICIAN: To the best of my knowle	dge, death occurred at t	he time, data and place, and du	e to the cause(a) and man	nner as stated.	
	AMINER: On the beals of examination	and/or investigation, in r			d due to the cau	se(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CER	TIFIER		29c. LICENSE NU			FB %
20. NAME AND ADDRESS OF ERSO	ON WHO COMPLETED CAUSE OF DEAT	//	ICASICI HU	y Edgeno	el u	rel Drous -
31. DATE FILED (Month, Day, Year) FEB 1 2 199	32. REGISTRAR'S SIGNA	TURE PANDAME		0		

1 - STATE REGISTRAR	SINIE OF I	MARYLAND /				DEATI		MENTA	REG. NO.			
1. DECEOENT'S NAME (First, Middle, Last Pamela		R.		Wo	ood				9-90	r	YEAR	3. TIME OF OEATH UKNOWN
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER 24	$\overline{}$		OF BIRTH h, Day, Year)	T	6. BIRTHP Country	LACE (State or Foreign
034-48-6390	1 M 2 F	26	YRS.	MONTHS	DAYS		MIN.	11	-17-6		Ca:	lif.
	723 St. Paul Street					R LOCATION				9c. COUN	TY OF DE	ATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY				
Va.			Manassas Va.						LIMITS?			
10e. STREET AND NUMBER				101.	ZIP CODE				10g. CITIZ		IAT COUNTRY?	
10829 Gambril				Las		221				I		SA
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. AR YES 2000 WAR OR DATES	NO NO	H	f yes, spe	ENDENT OF ecify Cuban, 2 X NO	Mexica	n, Puerto	t? (Specify Yes Rican, etc.)	or No	14. RACE Black, Specify	
15. DECEDENT'S ED				USUAL OC				168	. KIND OF BUS	INESS/IND	JSTRY	White
(Specify only highest gra-	le completed) College (1-4 or 5 -	- Ifin	live kind of Do NOT u	work done d ise retired.)	during mo	st of working						
12		Но	use	wife					Ow	n Ho	me	
17. FATHER'S NAME (First, Middle, Last)	1 1								Middle, Malden			
James W. Farre 19a. INFORMANT'S NAME (Type/Print)	11	100	b MARINO	C ADORESC	(Street o				rrman		Codel	
John P. Hearn	г н	130							Bosto			02131
20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPO					ı y		CATION —		
1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	Other pl		edic.	t C	emet	erv	7	Во	ston	Ma	SS
21. SIGNATURE OF FUNERAL SERVICE	CENSER	1		22. I Mo	name an ran	-Ash	tor	ouny 1 Fu	neral	Hom	ie.	
iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	ACUTE DI	ESIPRAMI (OR AS A CONSE			ICAT	ION						
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events Due to (or as a consequence or):											
PART ii. Other significant conditi	ons contributing to	death but not i	resulting	in the un	derlying	g cause gi	ven in	Part i.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\) NO
25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Ch	eck only o	ne)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	B 🗆 DOA	4 Num		e 5 🗆 Res	idence2	&CO&	(Specify)	SCEN	E	
27. MANNER OF DEATH	28a. DATE OI (Month, (F INJURY Day, Year)	28b. TII	ME OF		RK?		100000000000000000000000000000000000000	SCRIBE HOW I			
1 Natural 5 Pending 2 Accident Investigation				M		rES 2	NO		JECT I			
3 💢 Suicide 8 🗌 Could not b 4 🗍 Homicide determined	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) UNKNOWN						or Town, State)	UNKNO		oute Number,		
299. CERTIFIER (Check only one) 1 CERTIFYINO PHY	SICIAN: To the best of											and menner as stated
29K SIGNATURE AND DIRE OF COUTE	1. "	nn				29c. LICEN	-	MBER			2 -1 0	(Month, Day, Year) —90
FRANK PERETTI	MD		1 '		nn S	Street	t,Ba	alti	more,MI	212	01	
FEB 12 1990	31 REGUTE	ARSHOW PHE	100									

as the burial-transit permit. Pages 1, 2, 3 should or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 8 may be mained TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 amount be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IND 21203-3146

BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netitied at TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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ter	£
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5	2.
OH 17	filled
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after do	CTOR; After this certificate has been signed by the attending physician and completely filled in by the f
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Jires	signe
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PHY	this
DING	After
TTEN	CTOR.

	FOR STATE REGISTRAR	STATE OF I		/ DEPAR					MENT	AL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	UEDD	EDT						2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH 1:50 P. M
	OLIVE E. 4. SOCIAL SECURITY NUMBER	WEBB 5. SEX	6. AGE (In yrs.	lest birthdey)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DAT	E OF BIRTH			HPLACE (State or Foreign
	212-22-2924	1 🗌 M 2 💢 F	89	YRS.	MONTHS	DAYS	HOURS	MIH.	9-	9-1900		Pa.	ry)
L .	9e, FACILITY NAME (If not institution, give s	treet and number)						ION OF DE	EATH		9c. COU	NTY OF D	DEATH
210	5924 Eurith Ave.						ore						
DIRECTOR	10a. STATE 10b. COUNTY	r			r, rown o		TION						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	Maryland 100. STREET AND NUMBER			Da	1 CIIII		f. ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY?
FUNERAL	5747 Hazelwood Ci						2120				U.S		
	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDEN	NT EVER IN U.S I YES 2 X MAR OR DATES	ARMED NO		If yes, sp	ecify Cub	an, Maxica	n, Puert	ilN? (Specify Yes o Rican, atc.)	or No-	14. RACI Blac Spec	E — American Indien, k, White, etc.
ВУ	3 X Widowed 4 Divorced	IF TES, GIVE	MAN ON DATES			T L TES	2 00 NO	Specif	у:				ite
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)		DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATI during mo	ON ost of work	ing	10	Sb. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETE	Elementary/Secondary (0-12) 5 Yrs.	College (1-4 or 5	+)	lomema									
CO	17. FATHER'S NAME (First, Middle, Lest)						1111			, Middle, Maiden			
BE	Henry Becker 190. INFORMANT'S NAME (Typo/Print)			19b. MAILING	3 ADDRESS	S (Street :		ennie		mber, City or Tow	n, State, Zij	Code)	
욘	Elizabeth J. Rhot	en		5924	Euri	th A	lve.,	Bal	to.	, Md. 2	1206		
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetton 3 Rem	oval from State	other	CE OF DISPO					40.0		CATION -		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	- I Gard	ens o				ESS OF FA		00 Ro	seaa.	le, i	MQ •
	Roy H. Cathe	r			le	ากลทา	1.1 5	aick T	nc	5305 Har	ford F	ed Ba	alto.,Md. 21214
	23. PART I. Enter the disesses, or shock, or heart feliure.	complications the											Approximate interval Between
	IMMEDIATE CAUSE (Finel				1								Onset and Death
	resulting in deeth)	s. DUE TO	OR AS A CON	SEOUENCE C	47 (d	Duna	~						77cars
N	Sequentially list conditions,	b											
ATIC	if any, lesding to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONS	SEOUENCE C	DF):								
TEI	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONS	SEOUENCE C	OF):			-					
CERTIFICATION	resulting in deeth) LAST	d											
ايا	PART il. Other significant condition	ns contributing to	desth but no	t recuiting	in the ur	nderlylr	g csuse	given in	Part I.	24a. WAS AN PERFO		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICA									_	1 TYES	NO		OF OEATH?
AN: M									_				1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C/	heck only	one)			
HYSI	1 YES 2 NO	1 Inpetient 2		3 🗆 DOA	4 🗆 Nur	raing Hor	JURY AT	Rasidenca		her (Specify)	INJURY OC	CURED	
<u>م</u>	1 Natural 5 Pending Investigation	(Month,	Day, Year)	IN	JURY M	W	YES 2	□ NO					
LED B	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At , atc. (Specify)	home, farm,	street, fac	tory, offi	Ca			OCATION (Street ity or Town, Stata		r or Rumil	Route Number,
LET	29e. CERTIFIER Check only	ICIAN: To the best o	of my knowladge,	death occur	red at the t	time, det	e and plac	e, and du	to the	cause(a) and ma	nner as sta	rted.	
OMPL	onel	ER: On the beels of	examination and/	or investigat	lon, in my o	opinion,	death occ	ured at the	time, d	ata and placa, a	nd dua lo t	he cause	(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	7/2	2444				29c. LI	CENSE NU	MBER		29d. DA	1 O	D (Month, Dey, Year)
2	30. NAME AND AGORESS OF PERSON WH	10 COMPLETED CAI	JSE OF DEATH (I	ITEM 27) (Typ	e, Print)	_		200	(-	>	1,7	17	140
	George E. Lowe	M.D.	3703 B	elair	Rd.,	Ba	lto.	, Md	. 21	213			
	31. OATE FILE TABITA DE 2 1990	4128359500	MANDERMAN	E									

or What has been been been

DHMH-18 Rev 1/89

mar permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZATROU'S after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. or reading any wental rivingere prior to ording, creminator, or remove the notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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may	ж, ра	15
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PHY	this	Tke d
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LENG	DR.	an is
RAT	RECT	be filed within 72 hours after death with the brane bept, or health and mental rivgiene prior to buriar, defination, or remova. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical extensions and the second of the second
10	IIO T	T Por
PITA	ERA	11.0
오	F	TAN
꾿	분	2
2	2	2 8

	90 (13101
	1 - STATE STATE CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Leet) 1. DECEDENT'S NAME (First, Middle, Leet) 2. DATE OF DEATH MONTH DAY 2 4 90	E OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 9. IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) 9. BIRTHPLACE Country) 7. DATE OF BIRTH (Morth, Day, Year) 8. BIRTHPLACE Country) 8. AGE (In yrs. last birthday) 9. WARY	
IOR	91. 3030011- 11-1	OPE
DIRECTOR	NIT BOHIMODE LITTLE DUILLE	ISIDE CITY IMITS? YES 2 NO
UNERA	100. STREET AND NUMBER 1438 BELLONA AVE 101. ZIP CODE 210 93 10g. CITIZEN OF WHAT CO	DUNTRY?
BAFFUN	11. MARITAL STATUS 1	ericen Indian, , etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) JANIHOE 16b. KIND OF BUSINESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 18. MOTHER'S NAME (First, Middle, Meiden Surname)	+
TO BE	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode) 26 WYNOMODE PLACE BATH MAKE	MD
	20. METHOD OF DISPOSITION 1 Burlal 2 Gremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or public place) 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, Stat	rey/mo
	21. SIGNATURE OF FUNERAL SERVICE LICENSES. 22. NAME AND ADDRESS OF FACILITY 1701 MCCL CHATMAN-HARLIS F. H. BAHTION	K.HDZI
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest,	Approximate
		Onset end Deeth
NOI	Sequentially list conditions, if any, leading to immediate	
ICA	CAUSE (Disease or injury	
CERTIFICATION	that initiated events resulting in death) LAST d.	
PHYSICIAN: MEDICAL C	POST GASTRECTOMY SYNDROME WITH MALMIRITION PERFORMED? COMPOSED	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	
SICI	EXAMINER? HOSPITAL: OTHER: OTHER: 1 Inpatient 2 FE/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
ВУ РНУ	27. MANNER OF DEATH 1 M Netural 5 Pending 2 Accident Investigation 280. DATE OF INJURY 280. TIME OF INJURY AT WORK? 1 VES 2 NO 280. DATE OF INJURY 1 VES 2 NO	
	3 Suicide 6 Could not be determined 28e. PLACE OF/INJURY — At home, farm, street, fectory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route No. City or Town, State)	lumber,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end in the cause(e	manner ee stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Market) 297. SIGNATURE AND TITLE OF CERTIFIER	Oey, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Typo, Print) 7401 OSLER DRIME 8VITE 202 TOWSON MD 21204	

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEDENT'S NAME (First, Middle, Last	•	ANTHON	1	ALEXA	ANDER	2. E	NATE OF DEATH	W	YEAR	3. TIME OF DEATH 1:22AM	
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 I	RS. 7. D	ATE OF BIRTH		a. BIRTHI	PLACE (State or Fore	gn
215_46_5739	1-X M 2 □ F	28	YRS.	MONTHS DAYS	HOURS N	114.	Month, Day, Year) 0/04/196	1	Bal 1	to MD	
n. FACILITY NAME (II, not institution sty	e street and number)	g1		9b. CITY, TOWN	OR LOCATION		,,0,,,,,0	-	TY OF DE	,	-
End of Meadows	orive	Ľ		Woo	odlawn			Balt	imor	e County	7
ESIDENCE OF DECEDENT				1						***	
De. STATE 10b. COU	(TY		19c. CIT	Pal + in	ation note Ci	+				10d. INSIDE CITY LIMITS?	
Maryland						ıy				1 X YES 2 N	0
n. street and number 1632 N. Applet	on Street	÷ .			of, ZIP CODE	121 7			U.S.	what country? \mathcal{A} ,	
MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced		ENT EVER IN U.C. 1 YES YES WAR OR DATES	ARMED NO	If yes, s	specify Cuban, N		RIGIN? (Specify Yea erto Rican, etc.)	or No	14. RACE Black Specifi	- American Indian White, etc.	
15. DECEDENT'S E (Specify only highest gr	DUCATION	16a.		S USUAL OCCUPAT			16b. KIND OF BUS	SINESS/IND	USTRY		ī
Elementary/Secondary (0-12) th Grade	College (1-4 or	5+)	Me. Do NOT u	mployed	lost of working		NA				
FATHER'S NAME (First, Middle, Last) Willie Jame	s, Jr.					s NAME (F	irst, Middle, Maiden	Sumame) Alexa	ınder	-	
De. INFORMANT'S NAME (Type/Print)	, 0.,		19h MAII mir	S ADDRESS (See-			Number, City or Tow				_
Bertha L. Alexa	nder		571.	2 Greenl	rill Ar	enue	, Baltim	ore,	MD	21206	
0a. METHOD OF DISPOSITION Burial 2 Commation 3 B Donation 3 Other (Specify)	ENTONE	II 206. PLA	place)	DLAWN CI	emetery, cremeto EMETERY	y or		LTIMO		wn, State COUNTY, λ	C
I. SIGNATURE FUNERAL SERVICE	LICENSEE	/ 1		22. NAME	AND ADDRESS	OF FACILITY	Υ				
	1		1								
23. PART I. Enter the diseases, a shock, or heart failui				_			Cardiac or respi			Approximatintorval Bel	we
	e. List only one c	ause on each	Guns	not enter the m	node of dying	such ss		iratory srr		Approximati	we
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TO THE HOSPITAL OF ATTENDANG PHYSOLAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. To the property of the property filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTABLE—I from 28 is marked, or flem 23 shows any injury, or other transmetts event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FEB 13 1990

in by the fir filled and completely fille o burial, cremation, executed within BOX 13146, the attending physician Mental Hygiene prior to certificate be P.0. the death RECORDS, n signed by the Health and N that has been s Dept. of H OR ATTENDING PHYSICIAN: The law After this certificate death with the State OF

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8	SIRE DIRECTOR	
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 ahours are now or the find within 72 hours after death with the State Deer of Health and Mental Hydrien prior to build it cremation, or removal	INDOMESTICAL HOME SET OF BANK AND INTO THE PROPERTY HE WAS A CONTRACT OF THE PROPERTY HE MANIES WAS A CONTRACT OF THE PROPERTY
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31. DATE FILED (Month, Day, Year)
F.E.B. 1 3 1990

32. REGISTRAR'S SIGNATURE

Suha Javidson Rondolf

						30 0317
FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT		MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Las	"Willian	- A. B.	wind	2. DATE OF DEATH DO	YEAI	7 - 7 10
4. SOCIAL SECURITY NUMBER 214-09-490k	5. SEX 6. AGE (In yrs. In	YRS. IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BII	RTHPLACE (State or Foreign unity)
96. FACILITY NAME (If not institution, give	n street and nymber) Ceurla	9b. CITY,	TOWN OR LOCATION OF DE		9c. COUNTY O	FDEATH
RESIDENCE OF DECEDENT 10e. STATE 10b. COU	NTY	10c. CITY, TOWN OF	LOCATION			10d. INSIDE CITY
	110 HILL		10f. ZIP CODE 2/2/	7	10g. CITIZEN O	YES 2 NO
11. MARITAL STATUS 1. Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NAMED 13. W	AS DECENDENT OF HISPAN yes, specify Gliben, Maxica	n, Puerto Rican, etc.)	В	ACE — American Indian, lieck, White, atc.
3 Wildowed 4 Divorced 15. DECEDENT'S E (Specify only highest on	DUCATION 16a. D	DECEDENT'S USUAL OC	CUPATION Specify	16b, KIND OF BUS		B/ACK
(Specify only highest gn	ade completed) (Give kind of work done di fe. DONT use retired.)	uring most of worlding			
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
19a. INFORMANT'S NAME (Type/Print) LEONA 140	HOR 1	1835 D	(Street and Number or Rural I	Poute Number, City or Tow	n, State, Zip Code	MOCE MD
A METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 R 1 Donation 6 Other (Specify)	amoval from Stata	E OF DISPOSITION (Name of STERN)	ne of cometery, crematory or		CATION — City of	11 - 11
21. SIGNATURE OF FUNERAL SERVICE	Warr us	22. N	JATMAN -	Wheelst	-4.	701 Medito
23. PART I. Enter the diseases, or shock, or heart fallus	or complications that caused the cre. List only one cause on each lir	daeth. Do not entar t	the mode of dying, auc	h aa cardlac or respi	ratory srrest,	Approximate
iMMEDIATE CAUSE (Final disease or condition resulting in death)	Can	cer o	of mou	elh-c	Me	Onset and Death
	DUE TO HAS A CONS	card	ial .	effer.	21a	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONS	EOUENCE OF):		00		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daeth) LAST	DUE TO (OR AS A CONSI	EQUENCE OF):		124		
. DADT II Oshan almaldianas ann dia	iona contributing to death but not	resulting in the und	derlying ceusa givan in	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
<u> </u>				_		1 WES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	3 DOA 4 Dhum				
	DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28b. TIME OF INJURY AT WORK?)
2 Accident Investigation 3 Suicide 6 Could not 4 Homicide datarmined	26e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, street, facto	ry, offica	281, LOCATION (Street City or Town, State)		ral Route Number,
e onel —	YSICIAN: To the best of my knowledge, o					se(a) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIF			29c LICENSE NUM			NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type Print)	1 2	2 7 2		17/0

and with the Total

use as the burial-transit permit. Pages 1, 2, 3 should r attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be remained TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 around be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE OF MARYLAND CONTRACT OF MARYLAND	DEPARTM	ENT OF H	EALTH AND I DEATH	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) BENTUEL,	5R	•		2. DATE OF DEATH DATE OF THE BRUMP!	7 199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. A	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	22 %	RTNPLACE (State or Foreign buntry).
TOR	94. FACILITY NAME (If not institution, give street and number) H. JOSEPHS HOSP HOLD RESIDENCE OF DECEDENT	96.		CUS ON	АТН	BA/	timore
DIRECTOR	100. STATE 100. COUNTY BA/Himoles		OWN OR LOCAT				10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	409 E. PENNSYLUANIA	AVE		2120		U	S P
BY	11. MARITAL STATUS 1 Never Married Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVEN IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WARROR DATES	NO	13. WAS DEC If yes, spe 1 — YES	cify Cuben, Mexico	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.) ::	or No— 14. F	RACE — American Indien, Stack, White, etc.
COMPLETED	(Specify only highest grade completed)	DECEDENT'S USU (Give kind of work the Do NOT use rel DUSF	done during mo-	on at of working	16b. KIND OF BUS	SINESS/INDUSTF	TY .
BE CON	17. FATHER'S NAME (First, Middle, Last) LUTIEL BENTLEY			18. MOTHER'S NA	ME (First, Middle, Malden CES Be	Surneme)	= 4
TO E	AdelAIDE BENTLEY	409E	PENI	nd Number of Rural I	Poute Number, City or Tow JIM ACE	Tous	con, md
		E OF DISPOSITION PLACE	N (Name of cen	SE CE	metany	CATION - City	
	· Derry Harris		CHA	TMAN -	HARRIS	BA	Himore, Ma
	23. PART I. Enter the diseases or complications that caused the cabook, or heert fellure. List only one cause on each list IMMEDIATE CAUSE (Final disease or condition possible) in death)			de of dylng, suc	h as cerdiac or reap	ratory arreat,	Approximate Intervel Between Onset and Death
7	e	EQUENCE OF):	LURE				Hours
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		ARICE	5			
ERTIF	that initiated events resulting in death) LAST d.	EOUENCE OF):					
	PART II. Other significent conditions contributing to deeth but not	t resulting in t	ha underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	IMEU?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL							1 YES 2 NO
SICI	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 90	3 DOA 4	THER:	ACE OF OEATH (Ch	6 Cher (Specify)		
ву рну	27. MANNER OF DEATN 1 Netural 5 Pending (Month, Dey, Year) 28a. OATE OF INJURY (Month, Dey, Year)	26b. TIME O	F 28c. INJ		28d. OEŞCRIBE NOW	NJURY OCCURE	0
	3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stree	et, factory, offic	•	281. LOCATION (Street City or Town, State)		ural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, medical EXAMINER: On the basic of examination end/or						use(e) end manner se stated.
BE	296. SIGNATURE AND THE OF CERTIFIER MD.			29c. LICENSE NU	MBER		EVARY 7, 1990
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT			WRENC	F JR,	M.D,	
	31. DATE FILED (MONTH, BOY, YEAR) 32. REGISTRAR'S SIGNATURE LB 13 1990 File Davidson Ann						
	<i>y</i>			· · · · · · · · · · · · · · · · · · ·			OHMH-16 Rev 1/8

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FOR STATE REGISTRAR		STATE OF MARY			HEALTH AND	MENTAL HYGI		
1. DECEDENT'S NAME (First,	Middle, Last)	A E	Beas	Ley	· · · · · · · ·	2. DATE OF DEATH	H DAY YI	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB 2/5-2 2 90. FACILITY NAME (If not in	8280	7	E (In yrs. lest birthdey) S YRS. HAL	MONTHS DAYS	HOURS MIN.		0	BIRTHPLACE (Stelle or Foreign country) RG N A OF DEATH
RESIDENCE OF DEC			10c. <u>CI</u> T	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
1	OSEDA	LE St		-	101. ZIP CODE	6	10g. CITIZEN	OF WHAT COUNTRY?
3 Widowed 4 Divo	Merried	WAS DECEDENT EVER FORCES? 1 YES	3 2 NO	If yes,	ecenDENT OF HISPAI apacity Cuben, Mexico ES 2 NO Specifi	n, Puerto Rican, etc.		RACE — American Indian, Black, White, etc.
	EDENT'S EDUCAT higheat grade con -12)		Do NOT us	work done during	most of working	18b. KIND OF	BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, M)	RD K	. BEAS				ME (First, Middle, Me	iden Surneme) NAXCX	
LILIAN	90,		3004	How	et and Number or Rural AND PAL	K AVE	BALL	imere, MD
2 n. METHOD OF DISPOSIT Burlel 2 Cremetic Donation 5 Other	n 3 ∐ Remova (Specify)	from State	ob. PLACE OF DISPOS MF. AU	BURK	CEMET	ARY 1	BA HIM	or Town, State LE, MD
21. SIGNATURE OF FUNERA	THY	1/		CALA	AND ADDRESS OF F	VARCIS I	T.H. E	Baltinery H
iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY.	and failure. Lia a ions, diata NG	DUE TO (OR AS OU	aach lina. Summer a consequence of the consequence	npy Fi	Arrest		eapiratory arrest	t, Approximata Intarval Betweel Onset and Daat
CAUSE (Disease or Injuted that initiated events resulting in death) LAS		OUE TO (OR AS	a consequence of	5 1	Left Ve finctin			
PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the significant of the signi	ent conditions of lenter	ontributing to death	but not resulting	in tha undarly	ring cause given in	PEI	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?		OSBITAL:		OTHER:	PLACE OF DEATH (C			
1 TYES 2 NO	1	1						RED
1 Netural 5 2 Accident	Pending Investigation	(Month, Day, Year			WORK? YES 2 NO			
	Could not be determined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, farm, pecify)	street, factory, o	ffica	28f. LOCATION (Si City or Town, S	reet end Number or State)	Rural Route Number,
e one)		N: To the best of my knoon the basic of examinar						ause(e) and manner ee stated.
296. SHGHATURE AND TITLE	1 PT	hQ.			29c LICENSE NU	1601	29d. DATE S	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF EDM WAD ST. DATE FILED (North, Day 1 31. DATE FILED 13	PERSON WHO C	WK3310	W. Kus	Print)	fin & 305	,		
31. DATE FILED (MONTH, Day FEB 13	1990	132. REGISTRAR'S SI	- Aandall					

10 THE FUNERAL DIRECTOR: AREA THIS CONTINUATE HAS BOOK SIGNED BY THE ALCOHOMS AND COMPANIED HIS BY THE THIRD AND COMPANIED BY THE THIRD BY THE THIRD AND COMPANIED BY THE THIRD BY THE THIRD BY THE THIRD BY THE THIRD BY THE THIRD BY THE THIRD BY THE THIRD BY THE THI		once.	
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SHOUNG		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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Dieter	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,	
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ESTEL !	LE MABLE	BROGD	FN			DEAT		2. DATE OF DEATH	8_1990	EAR :	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	8.	BIRTHP!	LACE (State or Foreign
217-30-3879	1 □ M 2XXF	55	YAS.	WONTHS	DAYS	HOURS	IMEN.	04/04/193	4	Mar	yl and
9s. FACILITY NAME (If not institution, give s	,					R LOCATION			9c. COUNTY	OF DE	NTH .
Saint Agnes Hosp	ital			B	alt	imore	e Ci	ty			
10e. STATE 10b. COUNTY	7		10c. CIT	Y, TOWN O	R LOCAT	ION				1	IOd. INSIDE CITY
<u> </u>	nne Arund	el				n But					YES 2 NO
100. STREET AND NUMBER 112 D Warwick	Shire La				101	. ZIP CODI	1061				AT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT		MED	12 4	MS DEC			IIC ORIGIN? (Specify Yes		.S.	
Never Merried 2 Merried Wildowed 4 Divorced	FORCES? 1	YES 2XXI	NO	13. 7	yes, sp	ecity Cubs	n, Mexica Specif	n, Puerto Rican, etc.)	or No.	Black, Specify:	- American Indian, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON .		16b. KIND OF BU	SINESS/INDUS	TRY	
Elementary/Secondary (0-12) High School	College (1-4 or 5+)	He	. Do NOT us	work done done retired.) — II		st of workin	g	NASA	IRMS A	sso	c.
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Meiden	Surname)		
James Elmer 1	Brown						1	Beatrice :	Dora	Gle	ason
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number		Route Number, City or Tow		_	
Thomas E. Brogden	n, Jr.		5844	Race	Ro	acl, 1	Elkr	idge, Mary	l and	212	27
20a. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE other pi	of Dispos	sition (Ner	tio	netery, cren	natory or Ceme	tery Ba	acation — ch	e A	n, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		v unito								
* Herbert &	nut	tw				-		RAL HOMES, Falls Pkwy			
23. PART I. Enter the diseases, or ahock, or heart fellure.				not enter	the mo	da of dy	ing, suc	h as cerdisc or resp	iratory arrea	t,	Approximata interval Batwee
IMMEDIATE CAUSE (Finel disease or condition	Mex	& ctax	40	- 6	de	2 (on	rec			Onset and Dear
resulting in death)	DUE TO	OR AS A CONSE	QUENCE O	F):	1		.1	1 1			
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Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE O	F):							2
cause. Enter UNDERLYING CAUSE (Disease or Injury	c. Die m	OR AS A CONSE									o win
that initiated events resulting in death) LAST	502 10 (OH AS A CONSE	dience o	7							
	d		0	/							1
	e contributing to	death but not	resulting	in the un	derlyin	g cause (given in	Part I. 24a. WAS AN PERFOR			VERE AUTOPSY FINDING
PART II. Other significant condition								1 YES 2	1/		COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition									110	1	
PART II. Other significant condition											YES 2 NO
								_			YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQÉPITAL:			OTHER		ACE OF 0	EATH (Ch	eck only one)			I YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	1	ER/Outpatient			t: ing Hom	• 5 □ Re		eck only one) 8 Other (Specify)			I VES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1		INJURY	28b. TIN	4 🗆 Num	t: sing Hom 28c. INJ WC	• 5 □ Re	esidence	eck only one)			YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 NO 27. MANNER OF OEATH Naturel 5 Pending	28e. DATE OF (Month, De	INJURY	26b. TIN	4 Num	28c. INJ WO	URY AT DRK?	esidence	eck only one) 8 Other (Specify)	INJURY OCCUI	RED	
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	28e. PLACE Of building, (ICIAN: To the best of	INJURY ny, Year) F INJURY — At he etc. (Specify) my knowledge, de	26b. TIN IN.	4 Num NE OF JURY M street, factored at the ti	28c. INJ WC 1 1 1	URY AT PRICE 2 E	NO NO	eck only one) 8 Other (Specify) 26d, DESCRIBE HOW (26f. LOCATION (Street City or Town, State) to like cause(s) and ma	and Number or	RED Pural Ro	ute Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only) CERTIFYING PHYS	28e. PLACE OF building, of ICIAN: To the best of IER:	INJURY ny, Year) F INJURY — At he etc. (Specify) my knowledge, de	26b. TIN IN.	4 Num NE OF JURY M street, factored at the ti	28c. INJ WC 1 1 1	URY AT HIK? YES 2 [NO NO	eck only one) a Other (Specify) 28d. DESCRIBE HOW (28f. LOCATION (Street City or Town, State) to the cause(s) and me time, date and piece, as	and Number or	RED Rural Ro	ute Number,

signed by the attending physician and completely filled in by I Health and Mental Hygiene prior to burial, cremation, or remo event. law requires that the death certificate has been h the State Dept. of I 23 OR ATTENDING PHYSICIAN: The Hem With this THE HOSPITAL OR ATTENDING P THE FUNERAL DIRECTOR: After t filed within 72 hours after death 28 item IMPORTANT: If PP

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OF VITAL

BALTIMORE, MARYLAND 21203-

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funeral director, page 5 should be

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Page 6 may

after death. the

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

030573

29d. DATE SIGNED (Month, Day, Year) 7-90

COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

10632 PIHIE ROT WENT BURYMAY Suite 424, Columbia

31. DATE FILED (Month, Day, Year) 3 1990

29b. SIGNATURE AND TITLE OF CERTIFIER

32. REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page in the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be in
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF I	EALTH AND I	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	AKA M. No	el Blair			2. DATE OF DEATH MONTH DA	N V	3. TIME OF DEATH
	MARY N		BLAIR			02 10	9(9.04 PM M
1			In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	210-70-0170		49 YRS.			12-25-19		Maryland
_	9a. FACILITY NAME (If not institution, give stree				OR LOCATION OF DI	EATH	9c. COUNTY	
DIRECTOR	NORTH ARUNDEL HOS	PITAL		GLEN I	URNIE		A.A.	COUNTY
띪	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
		Arundel		Pasader				1 TYES 2 NO
FUNERAL	100. STREET AND NUMBER			10	ZIP CODE			OF WHAT COUNTRY?
	246 Arundel Road	L 2. WAS DECEDENT EVER I	HIIC ADMED	12 141 0 05	21122	VIC ORIGIN? (Specify Yea		S.A.
	1 Never Married 2 Married	FORCES? 1 YES	2- NO	If yes, s		in, Puarto Rican, etc.)	101 NO - 14	Black, White, etc. Specify:
BY	3 Widowed 4 Divorced	II IES, GIVE WATON D	A123	' ' ' '	Z MO Specif	y.		White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION mpleted)	(Give kind of	USUAL OCCUPATI		16b. KIND OF BUS	SINESS/INDUS	TRY
		College (1-4 or 5+)	ille. Do NOT u			40.		
₩ W	12th Grade 17. FATHER'S NAME (First, Middle, Last)		Secr	etary	40 1407115010 144	Machi ME (First, Middle, Maiden	ne Sho	op
	Edward Conne	ellv			Emma.	Bohle	Sumame)	
B	19a. INFORMANT'S NAME (Type/Print)	CILY	19b, MAILING	ADDRESS (Street		Route Number, City or Tow.	n, State, Zip Co	ode)
유	Cynthia L. Blair	r	246 A	rundel F	oad I	asadena, M	larylar	nd 21122
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove		o. PLACE OF OISPO	SITION (Name of ce	metery, crematory or	20c. LO	CATION — City	y or Town, State
	4 Donation 8 Other (Specify)		Glen Hav		ial Park		n Burr	nie, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE (C)	21)	Geo:	nd address of FA	nce Funera	l Home	P.A.
				4001	Ritchie	Hwy. Balti	more,	Md. 21225
	23. PART I. Enter the diseases, or corehock, or heart failure. Lis	mplications that cause at only one cause on a	d the daath. Do ech lina.	not enter the m	da of dying, suc	th as cardiac or respi	ratory arres	t, Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Arrimi	0					Onset and Death
	resulting in deeth) a.	OUE TO (OR AS	CONSEQUENCE O	NE).			-	[MULANIT
_		Respirat	1	20				2 weeks
흔	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE C					
8	cause. Entar UNDERLYING CAUSE (Disease or injury		encepha	CAL / C	,			d week.
CERTIFICATION	thet initieted evente resulting in deeth) LAST	CA-ODIAC	CONSEQUENCE	1				
빙	d.,	00	7 1 1	•				
A.	PART II. Other significent conditions	contributing to daeth	out not resulting	in the underlying	g ceuse given in	Part I. 24s. WAS AN PERFOR		24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 _ YES 2	ON 🗆	OF GEATH?
						—		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. [LACE OF DEATH (C)	heck only one)		
Sic		HOSPITAL:	patient 3 🗆 DOA	OTHER:		8 Other (Specify)		
Ϋ́	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	WE OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	NJURY OCCU	RED
ВУБ	1 Hatural 5 Pending 2 Accident Investigation	(110101)			YES 2 NO			
ED	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Spe	 At home, ferm, cify) 	street, factory, offi	:0	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
<u> </u>								
COMPL	CHOCK OTHY	AN: To the best of my know						
S	29b. SIGNATURE AND ATLE OF CERTIFIER	The Dasie of Azamington	or and/or investigat	ion, in my opinion,				cause(a) and manner as stated.
TO BE	/WW y	OW W	Mlle	112	102661		D 2/1	SIGNED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO	/ /			War or	A And a second	344	77 AND 01045
	PAUL J YOUNG-HYMAN 31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	MATURE	AL DRIVE	,#105 G	LEN BURNIE	, MARY	IAND 21061
	EED1 21990 du	a Sevidson-Ran	della					
	LPFD 133U 70							

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3. TIME OF GEATN

8. BIRTHPLACE (State or Foreign

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Eleanor

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR IF UNDER 24 HRS.

Brand Enburg

2. DATE OF DEATN

7. DATE OF BIRTH

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	entificate has been signed by the attending physician and completely filled in by the funeral director, para 6 enterted for use as the burlat-transit permit. Pages 1, 2, 3 sh		
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CIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may make the hospital or attending physic	as the		
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BALTIMORE, WANTAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

HOURS 1 - H-2 X F 215-05-3986 76 YRS. 6-17-1913 Maryland pine 9b. CITY, TOWN OR LOCATION OF DEATH 96 COLINTY OF DEATH Arundel Medical DIRECTOR Anne Arundel RESIDENCE OF DECEDENT IDC. CITY TOWN OR LOCATION 10e STATE 10h COUNTY 10d. INSIDE CITY MO Severn 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8336 New Cut Road 21144 U.S.A. 12. WAS OECEOENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexicon, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 10 NO Specify: Specify. Widowed 4 Divorced BY White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) 12th Grade Secretary Machinist Shop 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme) Fisher Ella Goldberg James BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Fred D. Brandenburg 8330 New Cut Road Severn, Maryland 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State 1 M Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Holy Rosary Cemetery Baltimore. Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME ANO ADDRESS OF FACILITY Tuk George J. Gonce Funeral Home P.A. 4 4001 Ritchie Hwy. Baltimore, Md. 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Spris DUE TO (OR AS A CONSEQUENCE OF) 1) Commin CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate (OP) cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL nalapopetivity, 1,2 AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 11155, 56 CVA 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: 1 | YES 2 | NO patient 2 ER/Outpatient 3 DOA HOSPITAL DR ATTENDING PHYSICIAN: 4 🗆 Nu ng Nome 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. DESCRIBE NOW INJURY OCCURED this cer 28b. TIME OF 28c. INJURY AT WORK? 1 Netural M 1 YES 2 NO BY FUNERAL DIRECTOR: After within 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is COMPLETED 6 Could not be 4 Nomicide If Item 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner se stal d. 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occured at the time, date and piece, and due tr re cause(s) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. D. . E SIGNED (Month, Day, Year) THE P BE 0/10/92 1410 120561 0 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GUNE TOUR DE REIGHT OF SEL 31. PFEBUM371990

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Legisland L. L.

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DIVISION OF VITAL RECORDS, P.O. BOA 13140,	F	ate h	me
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į	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mg in house that the dost	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and attending physician and completely filled in by the funeral director, and the State Deat of Health and Mental Hotelee prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last) LONNIE BUTLER					2. DATE OF DEATH MONTH 02 11	year 90	3. TIME OF DEATH 10:30 A M
		SEX 6. AGE (In	79 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 10-27-11	Count	
	9a. FACILITY NAME (If not institution, give street	1		9b. CITY, TOWN O	R LOCATION OF D		9c. COUNTY OF C	H CAROLINA DEATH
TOR	VA MEDICAL CENTER			FORT HO	WARD		BALTIMO	RE
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MARYLAND BALTIMOR 100. STREET AND NUMBER	Œ			SEX		10g, CITIZEN OF	1 YES 2 NO
FUNERAL	7 PALM LANE				1221		USA	
BY FUN	1 News Merried 2 X Merried	WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2 NO	II yes, spe		NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.) fy:	or No- 14. RAC	
TED	15, DECEDENT'S EDUCATIO (Specify only highest grade com	ON 1	6e. DECEDENT'S U	ork done during mos	N at of working	16b. KIND OF BUS		
COMPLETED	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	Tool	Maker		Marti	ns	
COM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Maiden S	Surname)	
8	LEE BUTLER 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		F. BARFIFID Ploute Number, City or Town		
2	CLINICAL RECORDS					RT HOWARD.		21052
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	1rom State 20b. P	LACE OF DISPOSI Wher place) ATTISON	TION (Name of cerr	netery, cremetory or	20c. LOC	CATION — City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		/	22. NAME AN	D ADDRESS OF F	ICILITY		
	* Cornelly !	unulal,	Home	Conn	elly Fu	neral Home	300MaceA	Ave. 21221
	23. PART I. Enter the diseases, com ahock, or heart fellure. List	plications that csused to only ona csuse on aac	he dasth. Do no	ot antar the mo	de of dying, su	ch ss cardisc or respi	retory srreat,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	MYOCARDIAL						Onset and Death
7		DUE TO (OR AS A C	ONSEQUENCE OF)	:				
ATIO	Sequentially list conditions, if any, leading to immadista cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF)):				
IFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF	;				
CERTIFICATION	resulting In dasth) LAST							
AL	PART II. Other significant conditions co		not resulting in	the underlying	csuse given in	Part I. 24s. WAS AN. PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	BRONCHOPNEUMONTA				2	1 TYES 2	Жио	OF DEATH? 1 YES 2 NO
N.								1 1ES 24 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	OSPITAL:		OTHER:	ACE OF DEATH (C			
PHYS	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c, INJ		6 Other (Specify) 28d. DESCRIBE HOW IF	YJURY OCCURED	
ВУ Б	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	res 2 NO			
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Specify	At nome, term, at	reet, factory, offici		261. LOCATION (Street a City or Town, State)	ind Number or Hurai	Houte Number,
COMPLETED	CORROR OTHY	Y: To the best of my knowled on the basis of examination of						(s) and manner as stated.
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER NEW K	mal m	D		29c. LICENSE NU	IMBER	29d. DATE SIGNE 2/1	O (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO NEEL KAMAL, M.D., VA	OMPLETED CAUSE OF DEAT A MEDICAL CE			TAM (IC)	VI AND DIOEC	7	1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE	OKI HOWA	MU, MAK	TLAND ZIUSZ		
	FEB 13 1990	gulia Davidso	W-Navara					

32. REGISTRAR'S SIGNATURE

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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					ENTAL	HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE C	F DEATH		YEAR	3. TIME OF DEATH	
	BENJAMIN	BARNE							ARY I	19	90	11:16 p.m.	
	4. SOCIAL SECURITY NUMBER	1 M 2 E	(In yrs. lest birthday)	IF UNDER	1 YEAR DAYB	HOURS 24	MIN.		Day, Year)	6	Country		
	215-10-0605 9a. FACILITY NAME (If not institution, give a	A 8	0 143.	9h CITY	TOWN O	R LOCATION	LOF DEAT	_	9-09	9c. COUNT		IGINIA	
5	THE JOHNS HOPKINS					E CIT				BALTI			
	RESIDENCE OF DECEDENT												
	10a. STATE 10b. COUNT	r		Y, TOWN O								10d. INSIDE CITY LIMITS?	
7	Md. 10e. STREET AND NUMBER		B	alti		ZIP CODE				10a. CITIZE	N OF W	YES 2 NO	
2 1	2312 Bryant A	ve.			1 2	1217	7					SA	
ONE	11, MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			MAS DECI		HISPANIC		(Specify Yea	or No— 1	I. RACE	— American Indian,	
	1 Never Merried 2X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D				2X NO		ruario m	carr, etc.)		Speci		
	15. DECEDENT'S EDU		16a. DECEDENT'S					16b.	KIND OF BUS	INESS/INDUS	STRY	PTGCK	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of Itle, Do NOT u	work done o se retired.)	during moi	t of working							
2	8		C1	erqy	7				Chur	ch			
3	17, FATHER'S NAME (First, Middle, Last)								ddle, Maiden S				
2	Richsard 19a, INFORMANT'S NAME (Type/Print)	Barnes	19b. MAJLING	ADDRESS	/Street n				h Tur		odel	-	
2	Mae E. Barnes		400 10000000									21217	
	20a, METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rem	201	b. PLACE OF DISPO					Dul		CATION — CH			1
	4 Donation 5 Other (Specify)		Arbutus						Art	utus		dd.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE)	-		1 Da			te A	VF	213	215	
	Memck	Cone		I)ėřî	ick	C.	Jen	ts. Fi	inëra	1-1	Tome	
	23. PART h Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on a	d the death. Do i	not anter	the mo	de of dying	g, auch	as cardi	ec or respi	ratory srrei	Bt,	Approximata interval Between	1
	iMMEDIATE CAUSE (Final disease or condition	1 = 21	-	, ,	<i>,</i> .	Λ	- 10					Onset and Daath	
	resulting in deeth)	DUE TO (OR AS	Exace	r bal	101	1-14	Sth	mo				10 Rays	
		b.		,									
	Sequentially list conditions, If any, leading to immediate	OUE TO (OR AS A	A CONSEQUENCE O	F):									
3	cause. Entar UNDERLYING CAUSE (Disease or injury	C. DUE TO (OR AS	A CONSEQUENCE O	E).									
	that initiated events resulting in death) LAST	_		. ,.									
3	DADT II Osh a al-aidleant and dis-	a,						T			Τ.		-
3	PART II, Other significant condition	18 Contributing to death t	but not resulting	in the un	deriying	cause giv	ven in P	art i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								-	1 YES 2	NO NO		OF DEATH?	
E								-				1 YES 2 NO	ı
SICIOIS.	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF OE	ATH (Chec	k only one)				
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER 4 - Nun		o 6 🗆 Real	Idence 6	☐ Other	(Specify)				
5	27. MANNER OF DEATH 1. Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. Tife	IE OF JURY		RK?		26d. DE\$0	CRIBE HOW IF	VJURY OCCU	REO		1
5	2 Accident Investigation	26a. PLACE OF INJURY	V At home farm	etreet fert		ES 2 🗌		261 1 0 CA	TION (Street a	and Number o	Parel I	Boude Mumber	1
3	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Spe	icfly)		, o.m.		- [City o	r Town, State)	Tro Trombor of	T I GIT GIT T	rouse rearrant,	ı
9	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	viedge, death occur	red at the t	lme, data	and place, a	and due to	o the caus	e(s) and man	ner as stated	1.		i
	(Oriota Orin)	ER: On the basis of examination										s) and manner as stated.	ı
5	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICEN	ISE NUMB	BER		29d. DATE	SIGNED	(Month, Day, Year)	1
	Harald Edwal	Then 1.				E9913				> 1	2/1	1/90	
	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	, Print)									
		ard Flenin		-									
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Janda Banda	SE6									

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	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
or remova	medical
nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the
for to burial,	is any injury, or other traumatic event, the
Hygiene pr	or other t
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of Health a	shows any
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after	28
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	1 - STATE REGISTRAR	STATE OF MARYL			MENT OF				YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Blake	Y WILLE	ETT	BLAKE			2 DATE OF D		O YEAR	3. TIME OF DEATH
į	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birth	MC	F UNDER 1 YEAR	IF UNDER	24 HRS.	7 DATE OF BI	RTH	8. BIRT	THPLACE (State or Foreign
	215-18-2101 9a. FACILITY NAME (If not institution, give s	1 M 2 X F 91	I YI	RS.	b. CITY, TOWN		ON OF DE	JAN . 2		9 M	ARYLAND
TOR	MERIDIAN NURSING	G HOME			BROOKL	YN PA	ARK		AN	NE AR	UNDEL
DIRECTOR	10e. STATE 10b. COUNT	y IMORE	100		OWN OR LOC						10d. INSIDE CITY LIMITS?
	MARYLAND BALT:	LHUKE		D	ALTIMO	Of. ZIP CODE	E	-	10g.	CITIZEN OF	1 TYES 2 NO WHAT COUNTRY?
FUNERAL	1611 SOUTH ROLLIN					212				_	.S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO		If yes, o		n, Mexica	IIC ORIGIN? (Sp n, Puerto Rican, :		Ble	CE — American Indian, ck, White, atc. WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12		(Ghve kir	nd of work VOT use n		TON nost of workin	ng	1	OWN HO		
BE CON	17. FATHER'S NAME (First, Middle, Last) JOHN BELL							ME (First, Middle,		ne)	
10	19a. INFORMANT'S NAME (Type/Print) H. ALLEN MEZGER	·						OAD, BAL			21227
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	loval from State	WOODL		ON (Name of C		natory or		20c. LOCATION		Town, State MARYLAND
	21. SIGNATURE OF FUNERAL SURVICE LI	CENSELL THE	2								NERAL HOMES LE, MD.21228
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS		ICE OF):		ng cause :	given in		WAS AN AUTOI PERFORMED? I YES 2 D N		Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	,			PLACE OF D	DEATH (Ch	eck only one)			
PHYSICIAN: MEDI	1 U YES 2 THO 27. MANNED OF DEATH	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		b. TIME C	OF 28c. li	me 8 🗆 Re	esidence	6 Other (Spe 28d, DESCRIB	elfy) E HOW INJURY	OCCURED	
B	1 Planting 5 Pending investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, f	farm, stre		YES 2	□ NO	28f. LOCATION City or Tou		mber or Rura	I Route Number,
COMPLETED	one)	HCIAN: To the best of my know									o(a) and menner as stated.
TO BE C	IGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WE	Sharkle,	m -1.) .		29c. LIC	29	767	29d.	DATE SIGNE	ED (Month, Day, Year)
	31. DATE FILED (Month, Day Jear)	. Skai	rber	4	841	8 1	3ag	-times	e- S	3/22	MD 2112
	FEB 13 199	32. REGISTRAP'S SIGN	lion-lion	delle						_	DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may in TAF FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other troumatic event, the medical examiner must be

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JULIA

C. GOODIN, MD

Julie Bull Ball Adapture

1. DECEDENT'S NAME (First, Middle, Last)	OINIE OF MAIL			F DEATH	MENTAL HYGIEN REG. NO.	_	
M					2. DATE OF DEATH	Y YEAR	3. 10:14 pm
ROBE	RT		BUCKNE	3	1-22-90	Y YEAR	10:00PM M
	SEX 6. AG	E (In yrs. last birtho	MONTHS DA		7. DATE OF BIRTH (Month, Dey, Year)	8. BIR Cou	THPLACE (State or Foreign
Se. FACILITY NAME (If not institution, give street		/ / ''		WN OR LOCATION OF DI	10/1/	9c. COUNTY OF	naryland
Johns Hopkins Hos	,			ltimore Ci		SC. COUNTY OF	DEATH
RESIDENCE OF DECEDENT							
10e. STATE 10b. COUNTY		10c.	CITY, TOWN OR L				10d. INSIDE CITY LIMITED 1 YES 2 NO
100. STREET AND NUMBER Shows	ell C.	+		101. ZIP CODE 2/2/	3	10g. CITIZEN OF	WHAT COUNTRY?
	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	R IN U.S. ARMED	If yes		NIC ORIGIN? (Specify Yee in, Puerto Rican, etc.)	or No— 14. RA Bli Sp	CE — Amarican Indian, sick, White, etc.
15. DEC LINE 'S EDUCATE (Specify on highest grade com	TON mpleted)	(Give kind	NT'S USUAL OCCUI		16b. KIND OF BUS	INESS/INDUSTRY	9
Elementary/Secondary (0-12)	College (1-4 or 5+)	S S	Jude	nt			
17. FATHER'S NAME (First, MIDDING Last)	Bun	Knek		16. MOTHERY'S NA	AME (First, Middle, Melden	sympho) +en	24
INCHIPORMANT'S NAME (TONPTSTO)	+	¥		reet and Number or Rural	Boute Number City or Tow		4 ml.
20a METHOD OF DISPOSITION 1 Divital 2 Commetton 3 Disposition	d from State	20b. PLACE OF DI	. /	of cemetery, cyematory or	20c, LO	CATION — City of	Town, State
4 ☐ Donation (Specify)) .	1125	TORGYI	Han		fonde	10 10
My State L	Total.			LK Miller	1 /6	39 Ni	BRIALWAY
23 PART I. Enter the diseases, or com	nplicationa that ceu:	sed the death.	Do not enter the	mode of dying, euc	ch as cardiec or reapi	ratory arrest,	Approximate
ahock, or heart fellure. Liet iMMEDIATE CAUSE (Final	it only one cause on	each line.					Interval Between Onset and Death
disease or condition	Multiple	(6) gur	shot wo	unds to he	ad and bac	k	
resulting in death) a		S A CONSEQUENC					
Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENC	CE OF):				
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		S A CONSEQUENCE					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury							
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events	DUE TO (OR A	S A CONSEQUENC	CE OF):	flying ceuse given in	PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENC	CE OF):	lying ceuse given in		MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of the cause of th	DUE TO (OR A	S A CONSEQUENC	Ing in the under	lying ceuse given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of the cause of th	DUE TO (OR A	S A CONSEQUENCE	Ing in the under		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR A	S A CONSEQUENCE	Ing in the under	28. PLACE OF OEATH (C)	PERFOR	NJURY OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR A	but not result butpellent 3 Do RY 28b JRY — At home, fe	OTHER: OA OTHER:	E6. PLACE OF OEATH (C) Home 5 ☐ Residence c. INJURY AT WORK? ☐ YES ※XX NO	PERFORM YES 2 heck only one) 6 Other (Specify) 28d. DESCRIBE HOW I Subject 28t. LOCATION (Street	NJURY OCCURED Shot	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXX YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR A contributing to death contributing to death contributing to death contributing to death contributing to death contribution	but not result but not result cutpetient 3 Do RY 28b JRY At home, fe	or of larm, street, factory,	Home 5 Residence D. INJURY AT WORK? YES XX NO Office	PERFORMANCE AND PERFORMANCE AND PERFORMANCE AND PECH Subject 201. LOCATION (Street City or Nown, State) 222. E. L	NJURY OCCURED Shot and Number or Rura	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXX YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR A	but not result but not result cutpetient 3 Do RY 28b JRY At home, fe	OTHER: OA 4 Norsing TIME OF INJURY TIME OF INJURY Torm, street, factory, Ctyard	Home 5 Residence NJURY AT WORK? YES XX NO office 1228	PERFORMANCE AND AND AND AND AND AND AND AND AND AND	NJURY OCCURED Shot anyale Sanvale VAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXX YES 2 NO	

111 Penn Street, Baltimore, MD 21201

OCME

VC

29d. DATE SIGNED (Month, Day, Year) ▶1/23/90₁22-90

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BALTIMORE, MARYLAND 21203-31

DIVISION OF VITAL RECORDS, F.C. BOX 13/146, BALLIMONE, MANTLAND ZIZOSZ	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or among	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use all the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	
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	in 24 hou	ely filled in nation, or	
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-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
. D	ECEDENT'S NAME (First, Middle, Lest)	TIEN CLATROPNE	2. DATE O	F DEATN

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATN YEAR 3. TIME OF DEATN MONTH, DAY YEAR						
	MARTHA ELLEN CLAIBORNE						ELLING -				FEB. 07 1990 2:50 PM				
	4. SOCIAL SECURITY NUMBER 5. SEX			e. AGE (In yrs. lest birt		MONTHS F		EAR IF UNDER 24 H		(Month, De	ATE OF BIRTN Honih, Day, Year)		Countr	NPLACE (State or Foreign ry)	
-7		213-16-5739 1 D M 2XX		71	YRS.				Oct. 4, 1918						
œ	9s. FACILITY NAME (If not institution, give street and number)								ION OF DE	ATN		9c. COU	NTY OF D	EATN	
DIRECTOR	Sinai Hospital of Baltimore					Baltimore									
EC	10e. STATE 10b. COUNTY				10c. CIT	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							10d. INSIDE CITY		
1	Maryland					Baltimore City						LIMITS?			
AL	10e. STREET AND NUMBER					10f. ZIP CODE				10g. CIT	10g. CITIZEN OF WHAT COUNTRY?				
BY FUNERAL	2525 West Belvedere (Inns of Ever				rareen) 21215					u.s.A.					
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM			MED 13. WAS DECENDENT OF NISPAN					NIC ORIGIN? (Specify Yes or No- 14, RACE -				American Indian, c, White, etc.		
Y	1 Never Merried 2 Merried FORCES? 1 YES 2 XX 13 Wildowed 4 Divorced FYES, GIVE WAR OR DATES					1 VES 2 NO Speci					n, etc.)	h:			
-Eb I						1								Black	
COMPLETED	(Specify only	DENT'S EDUC highest grade	completed)	(Gi		work done			Ing	18b. Kil	ID OF BUS	INESS/IN	DUSTRY		
Ë		Elementary/secondary (U-12) College (1-4 or 5+)				mstr	ess			1	ondo	n Fo	g Co	rporation	
ME	12th Grade 17. FATHER'S NAME (First, Mid							40.1100	TAIR DIR ALA	ME (First, Midd	to Advistory	0		•	
	James P. Bundy							16, MO		ella					
BE	19e. INFORMANT'S NAME (7/1		, Dunu		MARING	Anness	s /Street	and Numbe		etta loute Number,	-		Codel		
2	Theresa V.	,	. 92							timore			,	1207	
	204 METHOD OF DISPOSITION AND Buriel 2 Cremetion			20b. PLACE						LLINOLE			City or To		
	4 ☐ Donetion 5 ☐ Other (3 Remo	ovel from State	other pla	ice)					Park	Ba1	timo	re C	ounty, MD	
	21. SIGNATURE OF FUNERAL		ENSEE	1		22.	NAME A	ND ADDRI	ESS OF FAC	CILITY					
	D -	7)	· ·											21216	
	22 PART L Francis	1 7	- 1000	2 /A.										more Md.	
	23. PART I. Enter the disease, or complications that ceded the death. Do not enter the mode of dying, such as cerdiec or respiretory erreat, shock, or heart fellure. List only one cause of each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR &S A CONSEQUENCE OF):														
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d														
	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24e. WAS AN										WERE AUTOPSY FINDINGS				
MEDICAL										PERFORMED?			AVAILABLE PRIOR TO COMPLETION DF CAUSE		
밀	1 TES 2 NO									OF DEATH?					
-										_					
IA	25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF	DEATH (Che	eck only one)					
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE!		ne 5 🗆 F	Reeldencs	6 Other (S	pecify)				
PHYSICIAN:	27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 VES 2 NO														
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm building, etc. (Specify)					atreet, factory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
	29e. CERTIFIER												ers in		
COMPLETED	(Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.														
BE	29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, West)														
5	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Julianna N. Bojta N.D. Pat I Simi Hospital of Talkembe									Palfimile					
	31. OP EBO TO 3 1990 July 32 Em 32 Em 32 Marghant														
1		U													

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)			DATE OF DEATH	3. TIME OF DEATH					
FANNIE	COFIELD		02 - 10 - 90						
4. SOCIAL SECURITY HUMBER 5. SEX			P. DATE OF BIRTH 8. B (Month, Dey, Year) C.	IRTHPLACE (State or Foreign ountry)					
243-18-4157A 10M	2 1 90 YRS. M	HTHE DAYS HOURS MIN.	01-14-1900 No						
9a. FACILITY HAME (If not institution, give street and n	umber) 9	b. CITY, TOWN OR LOCATION OF DEAT							
916 Gorsuch Aven	ue	Baltimore (City non	ne					
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	100 CITY 3	OWN OR LOCATION		10d. IHSIDE CITY					
100000000000000000000000000000000000000		Baltimore City		LIMITS?					
Maryland none		101. ZIP CODE		1 🔯 YES 2 🗌 NO					
916 Gorsuch Avenu		21218		d States					
1 Hever Married 2 Married FOR	DECEDENT EVER IN U.S. ARMED CES? 1 YES ZYNO ES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, 1 YES 2 NO Specify:	Puerto Rican, atc.)	RACE — American Indian, Black, White, atc. Specify:					
3XXWidowed 4 Divorced			Ne	egroid					
15. DECEDENT'S EDUCATION (Specify only highest grade completed	16a. DECEDENT'S US	UAL OCCUPATIOH k done during most of working	16b. KIHD OF BUSINESS/INDUSTI	RY					
Elementary/Secondary (0-12) College	(1-4 or 5+) Ille. Do NOT use r	etired.)							
unknown unkno	own Peanut	sorter	Factory						
17. FATHER'S HAME (First, Middle, Last)		Contract to the contract to th	(First, Middle, Melden Surname)						
Willie Honeyblu	е	Lucind	la ?						
19a. IHFORMANT'S NAME (Type/Print)	19b. MAILIHO AI	DDRESS (Street and Number or Rural Roo	ite Number, City or Town, State, Zip Code	9)					
Lucille Honeyblu	e 916 Ga	rsuch Ave. Ba	altimore.Md.	21218					
20g. METHOD OF DISPOSITION	20b. PLACE OF DISPOSIT	OH (Name of cometery, crematory or	20c. LOCATION — City						
1 Burial 2 Cremation 3 Ramoval from 4 Donation 6 Other (Specify)	State other place) HOLV Te	emple Cemetery	Edenton	NorthCarol					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22, HAME AND ADDRESS OF FACIL	JTY	HOT WINGINI					
6 V1 - Da	So. I	Calvin B. Sc	ruggs Funera ston St. Balto	L Home					
23. PART I. Enter the diseases, or complice	Crilian Or,	1412 E. Pres	ston St. Balto	o, Md. 21213					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	ARTERIOSCIERO		SEASE					
d									
PART II. Other algorificant conditions contri	buting to deeth but not resulting in	the underlying cause given in Pr	PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER: OTHER:									
		Nursing Hame 6 Plastdence 6							
6 Pending Investigation	n. DATE OF IHJURY (Month, Day, Year) 26b. TIME (INJUR	OF 28c. IHJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURE	:0					
4 TTAmonain	 PLACE OF INJURY — At home, farm, stribullding, etc. (Specify) 	et, factory, office	261. LOCATIOH (Street and Number or R City or Town, State)	turel Route Number,					
	the best of my knowledge, death occurred basis of examination and/or investigation,	In my opinion, death occured at the ti	me, data and place, and due to the ce	oneo (Morrin, Pay, Year)					
NA NAME AND ADDRESS OF TAXABLE	Reed Wins		408	110190					
30. NAME AND ADDRESS OF PERSON WHO COMPL	ETED CAUSE OF DEATH (ITEM 27) (Type, P	2200 Garris	on Blvd.Balto	, Ma. 51512					
The latest the second	SAM KMI	4-20C	LYW I MODE	mis sim					
31. DATE PLE 10 103 1990 94	E Day doon Handell								

BALTIMORE, M. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be

and for use as the burial-transit permit. Pages 1, 2, 3 should

the hospital or attending physician. WLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 may be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ed at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146	NS.	8 0	9
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral completely filled in by the funeral control company or removal	pe med whilm 12 hours are used with the State Dept. Or regulator more managers, process connecting a connecting in persons. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
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BE COMPLETED

2

296. SIGNATURE AND TITLE O

30. NAME AND ADDRESS OF

31. DATE FILED (Month, Day, Year) FEB1 3 1990

2 MEDICAL EXAMINER: On the basis

Sechia Davidson Andres

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		ATE OF DEATH	REG. NO		3. TIME OF DEATH
	ARIE	CHATM	AN	02-05	5 - 90 YEAR	425 M
	4. SOCIAL SECURITY NUMBER 5. SEX 8 2/3-03-6066 1 □ M 2 □ F		F UNDER 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 - 23-0	Countr	PLACE (State or Foreign y)
TOR	98. FACILITY NAME (If not institution, give street and number) 28 MARYLAND BAPT, AGED HOP RESIDENCE OF DECEDENT	O RAYNERAUL	BALTO, Md	EATH	9c. COUNTY OF D	
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 VES 2 NO
	MARYI.AND. 10e. STREET AND NUMBER	BA	LTIMORE CITY 101. ZIP CODE		10g. CITIZEN OF V	
FUNERAL	4104 CHATHAMROAD		2121		USZ	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 ☐ YES 2 ☐ NO Spec	an, Puerto Ricen, etc.)	s or No- 14, RACI Black Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during most of working	16b. KIND OF BU	SINESS/INDUSTRY	
OM	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Middle, Maider	Sumame)	
ш	JAMES MARLOWE		ANNA	B. MARLO	WE	
0 8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AI	ODRESS (Street and Number or Rura	Route Number, City or Tox	vn, State, Zip Code)	
2	REBECCA WILLIAMS	4104	CHATHAM ROA	D: BALTI	MORE, MI	21215
	20a, METHOD OF DISPOSITION 1 3 Burisl 2 Cremation 3 Removal from State	20b. PLACE OF DISPOSIT	ION (Name of cemetery, cremetory or		OCATION - City or To	
	4 Donation 8 Other (Specify)	KING MEM	ORIAL PARK		ALTIMORI	E, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ett	LEROY O. DY 4600 LIBERT	ETT & SO		
	23. PART 1. Enter the diseases, or compilications that shock, or heart fellure. List only one cases IMMEDIATE CAUSE (Final disease or condition resulting in death)	e on each line.	nenter the mode of dying, su		4	Approximate Interval Between Onset and Death
ON	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	ennol or as a consequence of: cmylitis	0			
CATI	CAUSE (Disease or Injury that Initiated events	OR AS A CONSEQUENCE OF):	1	en		
SERTIFICATION	resulting in death) LAST	rusdomho	heart dise			
O	PART II. Other algnificant conditions contributing to d			Part I. 24e. WAS A	RMED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
O	PART II. Other algnificant conditions contributing to d		the underlying cause given in	n Part I. 24e. WAS AI PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
O	PART II. Other aignificant conditions contributing to d 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	eath but not resulting in	the underlying cause given in the un	Part I. 24e. WAS AI PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other aignificant conditions contributing to d 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ERI/Outpetient 3 DOA 4	28. PLACE OF DEATH (CONTINUE Number of December 1) 28. PLACE OF DEATH (CONTINUE Number of December 1) 28. INJURY AT	Part I. 24e. WAS AI PERFO	RMED? 2 □JM6	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dats and piece, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Pripr) SOUB 46 ROL INCIFION BOILT MYD

DHMH-18 Rev 1/89

29d. DATE BIGNED (Month, Day, Year)

29d. DATE BIGNED (Month, Day, Year)

BALTIMORE, MARYLAND 21203-3146

DALIM	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral dim		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner	
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	urs aft	In by	O LIE	edica	ľ
	001	filled	OF, G	he m	l
	within .	pletely	De hied writin /2 hours and dearn with the state Dept. Or neghtly and mental hygierie prior to burial, cremation, or removal,	ent, ti	l
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DIVISION OF VITAL RECORDS, F.O. DOA 13140,	the dea	the at	Men	nlury,	l
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	PITAL	ERAL	7/ 1	T: H	I
	HOS	FUN		TAN	l
	岩	王	Dilled Line	POA	l
	2	2.	8	=	l

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / I		MENT OF H			HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Clarence Bow	vers	Coe		2. DATE OF MONTH	DEATH 2 -	8-90 90	3. TIME OF GEATH	м
		SEX 8. AGE (In yrs. last 85		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH ey, Year) 3-04	6. B	IRTHPLACE (State or Foreign ountry)	
	215-07-3026 19. FACILITY NAME (If not institution, give street		YRS.	SP CITY TOWN O	R LOCATION OF DE			9c. COUNTY (laryland	
<u>د</u>	St. Agnes Hospti			Baltir				- COUNTY (
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		40-0174	TOWN OR LOCATI					I an a minute a minute	
DIRECTOR	Maryland Balti	imore		atonsvi					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
	10e. STREET AND NUMBER				ZIP, CODE		T	10g. CITIZEN	OF WHAT COUNTRY?	_
FUNERAL	117 Sanford Aver			2	21228			USA		
15	11. MARITAL STATUS 1 X Never Married 2 Married	. WAS DECEDENT FYER IN U.S. ARM FORCES? 1 XYES 2 NO	IED D	If yes, spe	ENDENT OF HISPAN city Cuban, Mexica	n, Puerto Rice	Specify Yea o in, etc.)		RACE — American Indian, Black, White, etc.	
B√	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES WWII		1 TYES	2 NO Specify	r:		1	White	
윤	15. OECEDENT'S EOUCATION (Specify only highest grade com	npleted) (Give	e kind of wo	SUAL OCCUPATIO		16b. KI	NO OF BUSH	NESS/INDUST		
COMPLETED	Elementary/Secondary (0-12) Co	Ollege (1-4 or 5 +)	Do NOT use	refired.) triciar		FI	oo tx	ionl	Contractor	
OM	17. FATHER'S NAME (First, Middle, Last)		TEC	or iciai	18. MOTHER'S NA				Contractor	
BE C	Turner Poulson	Coe			Minni	e Car	clton	Bowe	ers	d
10 B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F				•	
-	George T. Coe				nt Aven	ue, E			21227 or Town, Stata	
	1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)				emeter	У			e. MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AN	D ADDRESS OF FA	CILITY	7.7			
	George E. Mac	Nabb			abb Fun					
	23. PART I. Enter the diseases, or com		th. Do no						Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	CVA	110	4)					Onset and Deat	
	resulting in death) a	DUE TO (DR AS A CONSEDI							1 mo.	
z		CHF								
[일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEOR	UENCE OF)	:						
5	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSECU	UENCE OF)	:						
CERTIFICATION	resulting in death) LAST		,							
2	PART II. Other algnificent conditions co	ontributing to death but not a	autting in	the underlying	cause given in	Part I 2/	le. WAS AN A	UTOPSV I	24b. WERE AUTOPSY FINDINGS	
CA							PERFORM	ED?	AMILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI			-				_ 120 2/	1	OF DEATH?	
Z.										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	ACE OF OEATH (Ch					
HYS	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	DF 28c, INJ	5			JURY OCCURE	ED .	-
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK7 (ES 2 NO				,	
ED B	3 Suicide 6 Could not be	28e. PLACE DF INJURY — At hon building, etc. (Specify)	ne, farm, st	reet, factory, office		261. LOCATI City or	ON (Street an Town, State)	d Number or A	ural Route Number,	
	AND CERTIFIED AND									
COMPLET	(Check only	N: To the best of my knowledge, deal on the basis of exemination and/or in							use/s) and manner as stated	d
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				GNED (Mpnth, Day, Year)	_
) BE	Charlouller	MP						1 3	8/90	
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OEATH (ITEM	1 27) (Type, i	Print)						
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	4.00							
	FFB 1 3 1990	CIAL , J'MIN ALPRE FRANC								

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Environment after death. Page 6 may be influenced in the property of the law requires that the death certificate be executed within Environment after death. Page 6 may be influenced in the property of the law requires that the death certificate be executed within Environment after the property of the law requires that the death certificate be executed within Environment after the property of the law requires that the death certificate be executed within Environment after the property of the law requires that the death certificate be executed within Environment after the property of the law requires that the law requires that the law requires that the law requires the law requi	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page is in the principle as the bunial-transit permit. Pages 1, 2, 3 should	
be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be metiline at once.	

BALTIMORE, MAPMENND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH 7 2-7-90 Edward Davis 2:02AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MI 9a. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF DEAT 9c. COUNTY OF DEATH DIRECTOR 2430 St. Paul Street Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY 1 YF9 2 NO FUNERAL 10e. STREET 10g. CITIZEN OF WHAT COUNTRY? 101, ZM 12. WAS DECEDENT EVER IN U.S 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC OMGIN? (Specify Yea or No-14. RACE Black, FORCES? 1 YES 2 If yes, specify Cubes, Maxican, Puerto R Never Married 2 Marrie BY 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESSUNDUSTRY (Specify only highest grade comp College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last BE 2 20a. METHOD OF DISPOSITION PLACE OF DISPOSITION 3 Re 5 🗆 r (Specify) death. Do not enter the mode of dying, such as cardiac or respiretory Interval Batween Onset and Deeth IMMEDIATE CAUSE (Final disease or condition resulting in death and soot inhalation DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES XX NO OF DEATH? 1 YES XXX INSPECTION 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1XXYES 2 □ NO ent 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home XXX asidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2-7-90 1:40AM 1 YES Victim of House Fire 2 NO ВУ XXX Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) ED 8 🔲 Could not be 4 Homicide Home 2430 St. Paul Street, Baltimore, MD BE-COMPLET рентичен 1 CERTIFYING PHYSICIAN: To the pert of my knowledge, death occurred at the time, date and pieca, and due to the cause(a) and manner as stated. in, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. CENT 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 2-7-90 **OCME** 2 ADDRESS OF PERSON WHO CO 7) (Type, Print) JILIA C. GOODIN, MD 111 Penn Street, Baltimore, MD 21201 VC 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-18 Rev 1/89

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burial, cremation,	even
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be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene price	jury,
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1. DECEDENT'S NAME (First, Middle, Last)			ENTIFICA	AIE O	F DEATH	2.1	REG. NO.		3.1	TIME OF DEATH	_
Louis	R.	Dav	venport	JR.			2 <u>119</u> -90	NY Y	C40	8:37PM	М
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	MON	UNDER 1 YEAR		IRS. 7. C	ATE OF BIRTH Month, Day, Year) 05/05/19	8.	BIRTHPLA Country)	CE (State or Foreign)., Mcl.	n
220-64-8120 9a. FACILITY NAME (If not institution, give a	XX M 2 F	36	YRS.	CITY TOW	N OR LOCATION		05/05/19	9c. COUNTY			_
University Ho			90.		timore			Se. COUNTY	OF DEATE		
10e. STATE 10b. COUNT Maryland	Y		Balt	imore						. INSIDE CITY LIMITS? YES 2 . NO	
10e. STREET AND NUMBER				- 1	101. ZIP CODE			10g. CITIZEI	N OF WHAT	COUNTRY?	
3017 Poplar Terr					21216				u.s.		_
	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES YES	NO NO	It yes,	ECENOENT OF N specify Cuban, N ES 2 NO	lexicen, Pu	RIGIN? (Specify Yea arto Rican, atc.)	or No- 14		American Indian, htta, etc. Black	
15. DECEDENT'S EDU (Specify only highest grade	e completed)	S	ECEDENT'S USU Give kind of work le. Do NOT use rel	done durina			16b. KIND OF BUS	SINESS/INDUS	TRY		
Elementary/Secondary (0-12) High School	Colleger(1-4 or 5	''	Iron	Work	.er		Stai	nl ess	Stee	1 Corp.	
17. FATHER'S NAME (First, Middle, Lest) Louis R. Davenpo	rt, Sr.				18. MOTHER	SNAME (F	Ann Gil	Surname) ES			
190. INFORMANT'S NAME (Typo/Print) Louis R. Davenpo	rt, Sr.	1	9b. MAILING ADI 3017	Popla	et and Number or it. Terro	Rural Route INCE,	Number, City or Tow Baltimo			1216	
20a METNOD OF DISPOSITION **Description Market Marke	noval from Stata	20b. PLACI other p	of disposition of the dispositio	tus N	cometery, cremetos lemorial	Par		timore	y or Town, E Cou	nty, Mc	٠
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NUTTER FUNERAL HOMES, INC. 21216 2501 Gwynns Falls Pkwy., Baltimore, Md.											
23. PART i. Enter the diseases, or shock, or heart failure.				enter the	node of dying	such as	cardiac or reapi	iratory erres	t,	Approximate Interval Bets	
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Gunsho		d of he	ad						Onset and D	
Sequentially list conditions b.											
if any, leeding to immediata cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	EOUENCE OF):								
CAUSE (Disease or Injury thet initieted events resulting in death) LAST	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other eignificent condition	ne contributing to	deeth but not	recuiting in ti	he underly	ring ceuee give	en in Part	PERFOR	RMED?	AMA	RE AUTOPSY FIND IILABLE PRIOR TO MPLETION OF CAL	
		_					XIXXYES 2	I NO		DEATH? XYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26 THER:	PLACE OF OEAT	'N (Check o	nly one)				
XXXXXYES 2 NO	1 Inpatient 2		3 DOA 4	Nursing N	ome 5 Reeld	-		SCENI			_
27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF (Month, E	Day, Year)	7:14P	-	INJURY AT WORK? YES 2557N		Subject		RED		
3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office 28. LOCATION (Street and Number or Rura City or Town, State)								re			
O COURT NOT DE	299. CERTIFIER 1 CERTIFYING BHYSICIAN: To the best of my knowledge double control of the time date and place and Markyland of means as dated									TAT CHIIC	_ 0
XXX Homicide determined	SICIAN: To the best of	f my knowledge, o	death occurred a			-4 -4 - 41	data and place, or				nd.
Homicide determined				n my opinio	n, death occured	at the time	, date and place, at	nd due to the o	cause(a) an	d manner aa stat	_
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSONE) 1 CERTIFYING PHYSONE) 1 CERTIFYING PHYSONE) 1 CERTIFYING PHYSONE) 1 CERTIFYING PHYSONE (Check only one) 1 CERTIFYING PHYSONE (Check	IER: On the besis of a	exemination and/o	r investigation, l		29c. LICENS	E NUMBER	, date and prace, a	29d. DATE S		inth, Day, Year)	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	NO COMPLETED CAU	exemination and/o	r investigation, li	nt)	29c. LICENS	E NUMBER	timore,	29d. DATE S	-10-9	inth, Day, Year)	_
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSONE) 25 THE DELLE EXAMINE THE SECTION OF CENTRE SO, NAME AND ADDRESS OF PERSON W	NO COMPLETED CAU	exemination and/o	er investigation, in the second secon	nt)	29c. LICENS	E NUMBER		29d. DATE S	-10-9	inth, Day, Year)	_

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TO BE COMPLETED BY FUNERAL DIRECTOR

JOSE PH

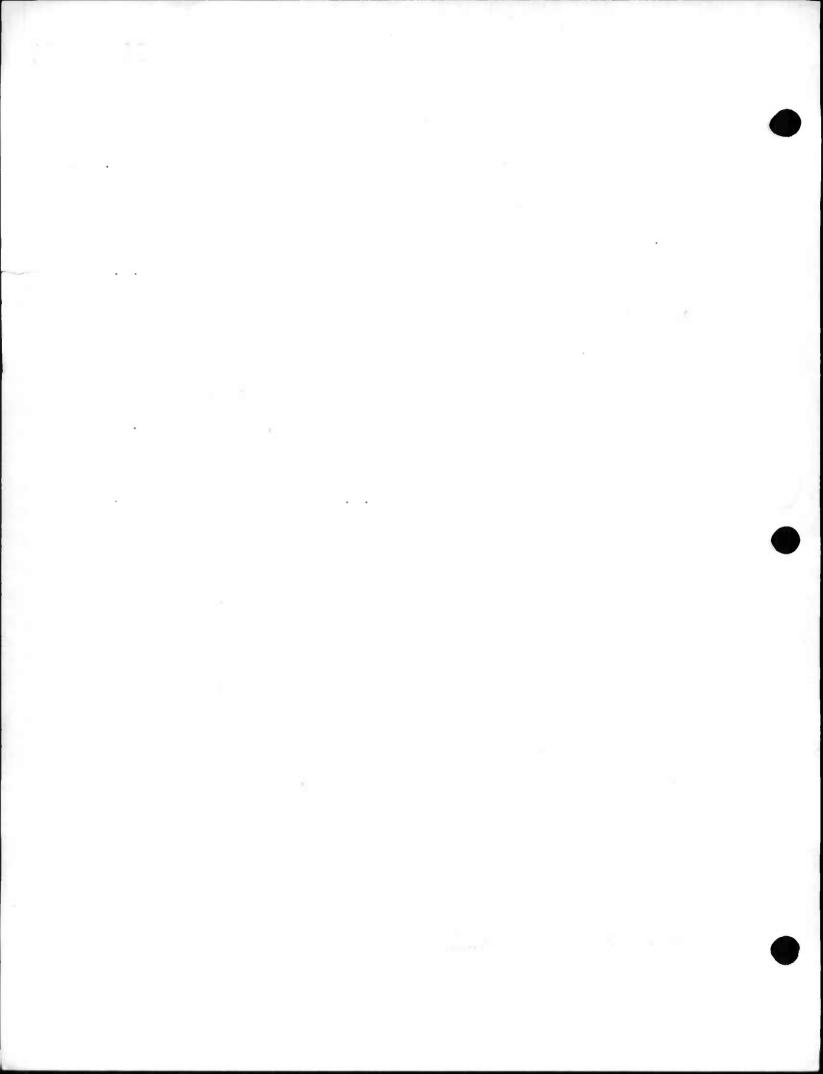
5 1	1 - STATE OF MARYLA	ND / DEPARTMENT OF HEALTH /						
	1. DECEDENT'S NAME (First, Middle, Last) DICKER SON Emma		2. DATE OF DEATH MONTH DAY	YEAR 9 29 A M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. last birthday) F UNDER 1 YEAR IF UNDER 2 YRS. MONTHS DAYS HOURS	HRS. 7. DATE OF BIRTH (Month, Day, Year) 3 - 13 - 3 0	8. BIRTHPLACE (State or Foreign County) MD .				
OB	9a. FACILITY NAME (If not institution, give street and number) SINAI AOSPITAL	BALTMO		NTY OF DEATH				
DIRECTOR	10a. STATE 10b. COUNTY MD .	10c city, town on Location Baltimore		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	10a. STREET AND NUMBER 5920 Winner Avenue	10f, ZIP CODE 2121		U.S.				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO If yes, specify Cuben,	HISPANIC ORIGIN? (Specify Yes or No- Mexican, Puerto Ricen, etc.) Specify:	14. RACE — American Indian, Black, White, atc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Hospital	16b. KIND OF BUSINESS/IN					
BE CON	17. FATHER'S NAME (First, Middle, Last) John Jackson		er's NAME (First, Middle, Meiden Sumerne) arie Mickens					
TO B	19a. NFORMANT'S NAME (Type/Print) Melina Gallaway	196. MAILING ADDRESS (Street and Number of 14506 Duran Dri						
	20a. METHOD OF DISPOSITION 1 General 2 Generation 3 Removal from State 4 Donation 5 Other (Specify)	PLACE OF DISPOSITION (Name of cemetery, creme other place)	tory or 28c. LOCATION —	City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS E.L.Phill	of Facility .ips Funeral Ho	1721-27 me N.Monroe				
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on ea IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A			Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. APENOCA OF LUNG DUE TO (OR AS A CONSEQUENCE OF): 4 Bays DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death bu	ut not resulting in the underlying cause gi	ven in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 □ NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 OF YES 2 NO				
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		ATH (Check only one)					
			ldence 6 ☐ Other (Specify) 28d, DE\$CRIBE HOW INJURY OF	NAME OF THE OWNER OWNER O				
	27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year)	26b. TIME OF INJURY AT WORK? M 1 YES 2	'NO	CORED				
BY	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	M 1 YES 2	28f. LOCATION (Street and Number City or Town, State)					
BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide a Could not be 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Speci	At home, farm, street, factory, office	28f. LOCATION (Street end Number City or Town, State)	er or Rural Route Number, ated.				
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide a Could not be determined 29a. CERTIFIER (Check only) 25a. DATE OF INJURY (Month, Dey, Ybar) 25a. DATE OF INJURY (Month, Dey, Ybar) 25a. DATE OF INJURY (Month, Dey, Ybar) 25a. DATE OF INJURY (Month, Dey, Ybar) 25a. DATE OF INJURY (Month, Dey, Ybar) 25a. DATE OF INJURY (Month, Dey, Ybar)	At home, farm, street, factory, office	281. LOCATION (Street end Number City or Town, State) end due to the cause(s) end menner as still d at the time, date end place, end due to	er or Rural Route Number, sted. the cause(s) and manner as stated.				

in page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should may be retained by the hospital or attending physician. **ORE. MARYLAND 21203-3146** TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount and TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely than in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89



,	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
in in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
e funeral director, page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page
r death. Page 6 may be	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
BALI IMORE,	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAI	L HYGIENI	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Martha A. J		AIL OI	DEATH	2. DATE	OF DEATH	5-90	3. Т	IME OF DEATH
1	MARTHA	DECRE	TITE			MONTH	6	Y XI	AR S	259P W
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	120	6-09		BIRTHPLAC Country)	E (State or Foreign
	216-03-9970	1 D M 2 D 7 80) YRS.	DAYS DAYS	HOURS MIN.	12/	20/19	07	Md	
, l	9a. FACILITY NAME (If not institution, give		9		R LOCATION OF DI	EATH		9c. COUNTY		
DIRECTOR	Forest Haven Ho	me		Catons	ville			Bal	timo	re County
Ē	10s. STATE 10b. COUNT	TY	10c. CITY, 1	TOWN OR LOCAT	ION				10d.	INSIDE CITY
5	Md.		Bal.	timore					16	YES 2 NO
AL	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZEN		
FUNERAL	3516 Old Frederi				21229				S. A	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 TYPE	S 2 NO		ENDENT OF HISPAI ecity Cuban, Maxica			or No— 14.	RACE - A Black, Wh	imerican Indian, Ita, atc.
à	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR		1 TYES	2 NO Specif	y:	N/A		Specify: Wh	ite
E	15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDENT'S US	UAL OCCUPATION	ON .	16b	KINO OF BUS	INESS/INDUST	TRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during ma etired.)	st or working					7.1
COMPLET	N/A	N/A	House	wife				N/A		
3	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					100
D L	John Cooke		I an ariama a		NOT nd Number or Rural		Noble			
2	Kenneth L. DeCre	tte			PkwyE					
	20a_METHOD OF DISPOSITION 2-	3-90 I 2	0b. PLACE OF DISPOSIT		-	, or 1		CATION City		State
	1 Burial 2 Cremation 3 Ref	moval from State	Loudon Pa					ltimor		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME A	Baltimo	CILITY	ationa	7 Dike		
	G. Truman S	Schwah			imore, M			1 44		
	23. PART i. Enter the diseeses, or	complications that caus		_				ratory arrest	, (Approximata
	ahock, or heart feliure iMMEDIATE CAUSE (Final	. List only one ceuse on							i	Interval Between Onset and Deeth
	disease or condition resulting in death)	a. Metas	takic	Birec	est (21	1 CER			
		DUE TO (OR AS	A CONSEQUENCE OF):							
2	Sequentially list conditions,	b	A CONSEQUENCE OF):	<u>.</u>						
HIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEGUENCE OF):						i	
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
2	reaulting in death) LAST	d								
2	PART ii. Other aignificant condition	ons contributing to deeth	but not resulting in	the underlyin	ceuse given in	Part i.	24s, WAS AN	AUTOPSY	24b. WEF	RE AUTOPSY FINDINGS
3							PERFOR			ILABLE PRIOR TO IPLETION OF CAUSE
MEDI						_	1 TYES 2	□ NO		DEATH? YES 2 \(\sum \) NO
						_			'-	1120 2 110
A	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (C/	neck only or	16)			
2	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/O		THER:	e 6 🗆 Residence	8 🗆 Othe	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJUR (Month), Day, Year	Y 26b. TIME (OF 28c. IN.	URY AT	28d. DES	SCRIBE HOW I	NJURY OCCUR	ED	
2	1 Natural 6 Pending 2 Accident Investigation	1//4			YES 2 NO					
	3 Suicide 6 Could not be	26e. PLACE OF INJU building, etc. (S)	RY — At home, farm, atro pecify)	et, factory, offic		281. LOC City	or Town, State)	and Number or	Rural Route	Number,
	20a CEDTIEIED									
COMPLEIE	(Check only	SICIAN: To the best of my known. VER: On the basis of axamina								The same
3				in my opinion, c			and place, an			
O BE	296. SIGNATURE AND TITLE OF CERTIFI	Bollo			29c. LICENSE NU	87	2	≥ 29d. DATE 8	- 7_	orth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type_P	rint)	120	1			/	
	HAROLD B.	BOB 7	220 Pa	NK 1	4eight		2/200	8		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE And SE							
		THE PERSON NAMED IN COLUMN 1	THE REAL PROPERTY.							

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permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a size after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician accompletely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Uept, of Hearth and Mental Hyplene prior to burnal, chemation, or enroval.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL	TO THE FUNERAL	e filed within 72 I	MPORTANT: If I

* REGISTRAR	,	SIAIE UF M	ARYLAND / I		ATE OF		MENTAI	REG. NO.		90	03109
1. DECEDENT'S NAME (First,	Middle, Last)				, (i E O	BERTITI	2. DATE	OF DEATN			TIME OF DEATN
BETTY	•	LEE	DOV	E			Feb	18	19	990	12:30 am
4 215-74-05	59 5	SEX	6. AGE (In yrs. lest i		UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTN n, Day, Ybar)			ACE (State or Foreign
218-18-5 9	34C 1	□ M 2 ¬xF	58	YRS. MO	NTHS DAYS	HOURS MIN.		r. 14.1	931		vland
9a. FACILITY NAME (If not in	titution, give street	t and number)		96	. CITY, TOWN O	R LOCATION OF DE			9c. COUNT	Y OF DEAT	N
206 Market	Street				Brooke	ville			Mon	tgome	ry
RESIDENCE OF DEC	10b. COUNTY			10. CITY T	OWN OR LOCAT	ION				140	d. INSIDE CITY
				100. 0111, 11		322					LIMITS?
Maryland	Montg	omery				keville			10a CITIZE		YES 2 NO
206 Market	Street				100	20833				USA	COONTRIT
11. MARITAL STATUS		2. WAS DECEDEN'	EVER IN U.S. ARM	ED	13, WAS DEC	ENDENT OF HISPAN	IIC ORIGIN	17 (Specify Yes		, RACE -	American Indian,
1 Never Married 2	Married	FORCES? 1	YES 2 NO		If yes, spe	elfy Cubin, Maxice 2 NO Specify	n, Puerto I			Black, W Specify:	hita, atc.
3 Widowed 4 Divo	bed					z gi no opocin				ороску.	White
15. DEC (Specify only	EDENT'S EDUCAT	TON mpleted)	(GM	e kind of work	UAL OCCUPATION	N st of working	16b	. KIND OF BUS	INESS/INDUS	TRY	
Elementary/Secondary (0	-12)	College (1-4 or 5+) // // // // // // // // // // // // //	Do NOT use re	etired.)			λT			
Special Edu			Non	e (Mei	ntally	Handicar		None			
17. FATNER'S NAME (First, M						18. MOTHER'S NA	ME (First, I	Middle, Maiden	Surname)		
Melvin Lee			1					lusgrov			
THE PERSON NAMED IN COLUMN						nd Number or Rural I					
Violet Musg			200 01 405 0	206 Mg	arket S	street, E	brook	eville	ATION — CH	2083	3
St Buriel 2 ☐ Cremetic	n 3 🗆 Remova	il from State	other place	(9)							A
4 Donation 5 Other 21. SIGNATURE OF FUNERA		SEE	•	LTO/	Wer Hil	.1 Cemete	CHITY	Red	land,	Mar	yland
						el H. Ba		Funer	al Ha	mo	
Roy	1.150	suher	L			Box 50					20882
23. PART I. Enter the d			caused the daa se on each line.	th. Do not							Approximate interval Between
IMMEDIATE CAUSE (Fir		it billy blie cau	oo on each mie.								Onset end Death
diseese or condition resulting in deeth)	+ .	MYOC.	ARDIAL I	NFARC'	TION						
	-	DUE TO	OR AS A CONSECU	UENCE OF):							
Sequentially list condit	one b.										
if eny, leeding to imme cause. Enter UNDERLY	diete	DUE TO	(OR AS A CONSECU	UENCE OF):							
I CAUSA, EDIAT UNUERLY											
CAUSE (Disease or inju		DUE TO	OR AS A CONSECU	HENCE DEL							
	y 1 °-	DUE TO	(OR AS A CONSEQU	UENCE DF):							
CAUSE (Disease or injute that initiated events	y 1 °-	DUE TO	(OR AS A CONSEQU	UENCE DF):							
CAUSE (Disease or injute that initiated events	T d.				the underlying	g cause given in	Part i.	24a. WAS AN			ERE AUTOPSY FINDINGS
CAUSE (Disease or inju- thet initiated events resulting in deeth) LAS	T d.				the underlying	g cause given in	Part i.	PERFOR	MED?	AV CC	AILABLE PRIOR TO OMPLETION OF CAUSE
CAUSE (Disease or inju- thet initiated events resulting in deeth) LAS	T d.				the underlying	g cause given in	Part i.		MED?	AV CC	AILABLE PRIOR TO
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4. SOCIAL SECURITY NUMB 213-24-5344		5. SEX	6. AOE (In yrs. 61		MONTHS	R 1 YEAR	IF UNDER 24 HRS, HOURS MIN.		Day, Year)		6. BIRTH Count	IPLACE (State or i	oreign
			01	YRS.					30,1			PA.	
90. FACILITY NAME (If not in Franklin S	quare	Hospita	1		9b. CITY		SSVILLE	EATH			timo:	re Coun	ty
10a. STATE Md .	10b. COUNTY	, Baltimor	e	10c. CIT		or locat	e River					10d. INSIDE CIT LIMITS? 1 YES 2	
10e. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
529 Compas	e Pos	a					2122	20			USA		
11. MARITAL STATUS	sa Moa	12. WAS DECEDE	NT EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT OF HISPA		? (Specify Yes	or No—		E — American Inc	lian.
1 Never Married 2 3 Widowed 4 Divo	_	FORCES? IF YES, GIVE	1 → YES 2 [WATFOR DATES 52	NO		If yes, sp	ecify Cuban, Mexic 2 NO Speci	en, Puerto R			Spec	white, etc. White	
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11th		111111111111111111111111111111111111111		ainte	nance	e Me	chanic						
17. FATHER'S NAME (First, M Raymor	iddle, Last) nd Don	ahue					16. MOTHER'S N.	earl		Surname)			
190. INFORMANT'S NAME (7) Alice Donal	(pe/Print)			196. MAILING	9 Co	ss (Street o	and Number or Rural	Route Numb	or, City or Tow Nore M	n, State, Zi Aryl	o code) and	21220	
20a, METHOD OF DISPOSIT			20b. PLA	CE OF DISPO	SITION (N	lame of car	metery, crematory or	-	20c. LO	CATION —	City or To	own, State	. , .
1 Buriel 2 Cremetic	n 3 🗆 Rem	oval from State	other	r place)			Cemeter	5.7			-	ryland	
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П	-	-	ECEDENT'S	24.4

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN	D MENTAL HYGI REG.		
1. DECEDENT'S NAME (First, Middle, Last)	Hamilt	ten I	hu	2. DATE OF DEAT		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-14-7783	5. SEX 6. AGE (In yrs. lest birthday) IF MON	JNDER 1 YEAR IF UNDER 24 HP THS DAYS HOURS MIN			BIRTHPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give st FALLSTON GE RESIDENCE OF DECEDENT	nerd Ho	spital f	CITY, TOWN OR LOCATION O	Mary an	9c. COUNT	AR FORD
100. STATE 10b. COUNTY MARYLAND BALTI		10c. CITY, TO KINGS	WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 V NO
10e. STREET AND NUMBER		KINOD	101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
7448 BRADSHAW ROA			21087		U.S.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 XYES IF YES, GIVE WAR OR DO WWII	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO S	xican, Puerto Rican, etc.)	I. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	life. Do NOT use ret	done during most of working ired.)		BUSINESS/INDUS	
N/A N 17. FATHER'S NAME (First, Middle, Last) CLAYTON P. DAY	/A	ELECTRIC	18. MOTHER'S	NAME (First, Middle, Ma	iden Sumeme)	OCAL 24
19a. INFORMANT'S NAME (Type/Print) HELEN DAY (WIFE)			ADSHAW ROAD,	ural Route Number, City or	Town, State, Zip Co	
20e. METHOD OF DISPOSITION 1	ovel from State M	PLACE OF DISPOSITION OF THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN	N (Name of cemetery, crematory CEMETERY	100	REDERIC	y or Town, State K, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LIC	Tim's		SCHIMUNEK F 9705 BELAIR	UNERAL HOM	E, INC. TIMORE,	MARYLAND 2123
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c		ns Mi	1	rdvan	Onset and Death
PART II. Other algorificant condition	a contributing to death b	out not resulting in th	ne underlying cause give	PER	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE OF DEATH THER: Nursing Home 5 Reside			-
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	2mb. TIME OF		28d. DESCRIBE H		RED
2 Accident Investigation 3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY building, atc. (Spe	r — At home, farm, stree city)	t, factory, office	281. LOCATION (SI City or Town, S		Rural Route Number,
and and	CIAN: To the best of my know					l. cause(s) and menner as stated.
29b, SIGNATURE AND TITLE OF GENTIFIES	ilh			NUMBER 4544	29d. DATE :	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Prin	t)			

FEB 13 1990 Jula Davidson Rendelle

DHMH-18 Rev 1/89

BALTIMORE, MARYLAN

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR			ERIIF	ICATE	: OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Melva	Α.	Т	DEGRA	TAT		2. DATE OF	D/		YEAR	3. TIME OF DEATH
- 1								Febru		12, 1	1990	12:10 a M
- 6	4. SOCIAL SECURITY NUMBER 217-09-7097	5. SEX	6. AGE (In yrs. le	yrs.	IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		Country)	
	ae. FACILITY NAME (If not institution, give s		0.5	Tho.					01 0	4		RYLAND
~	The second secon				96. CITY		OR LOCATION OF D	EATH		12	NTY OF DEA	
0	FRANKLIN SQUARE	HOSPITAL				RO	SEDALE			Balt	more	County
EG	10a. STATE 10b. COUNTY	Y		10c, CIT	Y, TOWN C	R LOCAT	TION				1	IOd. INSIDE CITY
DIRECTOR	MARYLAND				В	АТ.ТТ	MORE					LIMITS?
3	10e. STREET AND NUMBER						. ZIP CODE			10a, CITI		AT COUNTRY?
FUNERAL	3939 ROLAND A	VENUE					2121	.1			US	
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT OF HISPAI	NIC ORIGIN?	Spectfy Yes	or No.	14. RACE -	– American Indian, White, etc.
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2X	NO		ff yes, sp 1 YES	ecity Cuben, Mexica 2. NO Specifi	nn, Puerto Ric ly:	an, etc.)		Specify: WHI	
	15. DECEDENT'S EDU	CATION	16a, D	ECEDENT'S	USUAL O	CCUPATIO	DN .	16b. K	IND OF BUS	INESS/INC		
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 8 +	- 44	Give kind of a le. Do NOT us	work done se retired.)	during mo	st of working					
교	5TH	admiga (1 4 di 0 7	<i>'</i>	HOU	SEWI	FE						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Mic	idle, Maiden	Surneme)		
	GEORGE S	YKES						ELLA	ASHTO	N		
BE (19e. INFORMANT'S NAME (Type/Print)		19	96. MAILING	ADDRESS	S (Street e	and Number or Rural				p Code)	
2	MELVA FAZENVAKER			223	2 LA	RCHM	ONT DRIV	E. FA	LLSTO	N. M	D. 21	047
	20e. METHOD OF DISPOSITION	905.	20b. PLACE	OF DISPOS	SITION /Na	me of cer	metery cremetory or		-		City or Town	
	1 Sp Buriel 2 □ Cremetton 3 □ Rem 4 □ Donetton 6 □ Other (Specify)	oval from State	LORI	RAINE	PARI	CE	METERY			BALT	IMORE	, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	1 -	40		22.	NAME A	ND ADDRESS OF FA	CILITY				
	> a Alan	· Seit	1				LAN SEIT ROLAND	-				21211
	23. PART i. Enter the disesses, or o	complications that	couled the d	eath. Do r								Approximate
	shock, or heart feliure.	List only one ceu	se on each lin	e.		10000						Interval Between Onset and Death
	iMMEDIATE CAUSE (Finsi disease or condition	. Pneum	onia									Onset sind Destin
	resulting in deeth)	Ø1	OR AS A CONSE	EQUENCE O	F):							
,			Obstru		*							İ
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate	U ₁	OR AS A CONSE									1
8	cause. Enter UNDERLYING	c										
Ĕ	CAUSE (Diseese or Injury that initiated events	DUE TO	OR AS A CONSE	EOUENCE O	F):							
	resulting in deeth) LAST	d										
	PART II. Other significent condition	e contribution to	death but not	ne eville e	In the se	ad a ob do		Don't la		411770000	1.00	WERE AUTOPSY FINDINGS
EDICAL	TANT II. Other aignificent condition	is contributing to	death but not	resulting	in the ur	ideriyiri	g cause given in	Part I. 2	4a. WAS AN PERFOR		1	MAILABLE PRIOR TO COMPLETION OF CAUSE
ă								— I ·	YES 2	XXVIO		OF DEATH?
Σ								_			1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					5-511-						
<u>S</u>	EXAMINER?	HOSPITAL:	500 -27	_	OTHE		LACE OF DEATH (C)	neck only one)				
14S	1 TYES 2 NO 27. MANNER OF DEATH	1 Ninpatient 2 26e. DATE OF		3 DOA 28b. TIM	_	aing Hon 28c, INJ	ne 5 🗆 Residence		Specify) RIBE HOW I	N HIPV OO	CURED	
	1 X Natural 6 Pending	(Month, De		IN.	JURY	WC	YES 2 NO	Zed. DEŞC	HIBE NOW I	NJUNT OC	CONED	
BY	2 Accident Investigation	28a PLACE OF	F INJURY — At h	ome form				201 1 0047	MON (Phone)	and Nomba	as Round Ba	uto Mumbas
B	3 Sulcide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	ionie, ierin,	street, inc	iory, offic	•	City or	Town, State)	eno Numbe	r or Aurai Ao	ore Number,
COMPLET	29e. CERTIFIER										_	
MP	(Check only											
Ö	2 MEDICAL EXAMINE	R: On the basis of ax	amination end/or	r investigatio	on, in my o	opinion, d	leath occured at the	time, data a	nd place, an	d due to th	ne cause(e) :	and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	B //	In				29c. LICENSE NU	MBER				Month, Day, Year)
TO B	1.50	nar	a	8 L			N/A			▶ 2	-12-9	0
F	30. NAME AND ADDRESS OF PERSON WH						D	4-	21275	,		
	Ibrahim Bshara,				_	are	Dr., Bal	το.,	Z1Z5/			
	FEB 13 199	32. REGISTRA	R'S SIGNATURE	Dando	2.							11.0
H	. TO TO 122	IUI JUNOK	WALL OF STREET	1-10-00	_							

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IUN. After this certificate has been signed by the attending proposed and compressly made in the reference place of the		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neither
on on our	after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	edicai
200	9	Ě
	ation	the
in proto	, crema	event,
200	purlal	natic
Concioni	prior to	traur
A Ann	giene	other
1011	西	9
DIE A	Ment	njury
6	and	Ä
Signer	Health	WS 3
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100	Dept	23
Cane	State	item
100	the	9
JUS C	with	ked.
Allei	death	s mar
5	after	28 1

														90	03	120
		FOR STATE REGISTRAR		STATE OF N	/MARYLAND /	DEPAR ERTIF					MENTA	L HYGIEN	E			
Γ		1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATN			3. TIME OF D	EATN
-1			Walla	ace	F.	Em	eric	k,S	r.		Fe	b.10°	1990) YEAR		М
- 1		4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTHP	LACE (State o	ir Foreign
	į	215-07-08	82	1 🔀 M 2 🗌 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	Apr	14,1	.919	Ma	rylar	nd !
		9e. FACILITY NAME (If not ins					9b. CITY	, TOWN O					9c. COUN	ITY OF DE	ATH	
	OR	1821 Ja		St.				Bal	to.	City	,Md	•	-			
	DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			10c, CIT	Y. TOWN (OR LOCATI	ON						10d. INSIDE C	CITY
	E	Maryland						.Ci		VId.					LIMITS?	
	- 1	10s. STREET AND NUMBER							ZIP CODI				10g. CITIZ		AT COUNTRY	-
	FUNERAL	1821	Jacks	on St.					2:	1230)			USA		
	3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	RMED						i? (Specify Yes	or No-	14. RACE -	- American I White, atc.	Indian,
		1 Never Merried 2 X		FORCES? 1	YES 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO		If yes, spe 1 YES				Ricen, etc.)			Whit	
) BY	3 Widowed 4 Divo	!												WILL	, с
	ETED	(Specify only	EDENT'S EDUCA highest grade of		/G	CEDENT'S live kind of a Do NOT us	work done	during mos	N it of workin	ng	16b	KIND OF BUS	SINESS/IND	USTRY		
٠	Ľ	Elementery/Secondary (0		College (1-4 or 5	+)							Mar an			Ç	
ğ	COMPL	12th.Gra			i	Mac	(pitopi	St	18. MOTI	HER'S NAI		McLea		msu	AD EVERO	10
7		Mart		В.	Fn	neri	ok		101 111 011		tti				Btanc	he
100	BE	190. INFORMANT'S NAME (7)		D .				S (Street ar	nd Number			ber, City or Town			blanc	ine
팔	임	Mrs.Hild	a M.Er	merick		182	l Ja	icks	on S	St.F	Ralt	o.Md.	2123	30		
t be		20 METNOD OF DISPOSITI	ION	ALC: HISKORY	20b. PLACE other pi	OF DISPO							CATION —		n, State	
E		4 Donetion 5 Other		val from State		lar I	Hill	Ce	met	ery		A.A	.Co.	Md.		
examiner must be netified		21. SIGNATURE OF FUNERAL	L SERVICE LICE	NSEE	1 1		22.	NAME AN	D ADDRE	SS OF FA	CILITY	Pal+	o Mo	1 21	230	
еха		War	riel (2.1/	and for		I IV	leCu	llv	Fur	era	1 Hom				Ave
medicai		23. PART I. Enter the di	seases, or co	mplicetions the	caused the de	ath. Do									Approx	ximata
me		shock, or he IMMEDIATE CAUSE (Fin	al.	- N-3	ise on each line										Onset	and Death
the		disease or condition resulting in death)	→	Hyper	COR AS A CONSE	ar	ten	vse	lere	tu	Vas	reula	in D	wein)	2 cm
or other traumatic event, the		,	0	DUE TO	(OR AS A CONSE	OUENCE O	F):									
atic	N	Sequantielly list conditi	lons. b.	OUE TO											-	
E SE	ERTIFICATION	If any, leading to Immed ceuse. Enter UNDERLYI	diate	DOE 10	(OR AS A CONSE	OUENCE O	r):								i	
ler t	FIC	CAUSE (Disease or Inju that initiated events		OUE TO	(OR AS A CONSE	OUENCE O	F):									
10	E	resulting in deeth) LAS	т													
	0	DADT II Other clouding	nt conditions	a a manife value o de	death but and		for Mr - co			alesa da	Deed 1		ALETODAN	100	WERE ALTERNA	
shows any injury,	MEDICAL	PART II. Other algolfice	THE CONDITIONS	continuating to	death but not	resulting	m the u	nderlying	ceuse	givan in	Part I.	24a. WAS AN PERFOR	RMED?	-	WERE AUTOPS AVAILABLE PR COMPLETION	NOR TO
12 an	ă										_	1 TYES 2	NO	- -	OF DEATH?	
Pog	M										-				1 YES 2	□ NO
R	AN	25. WAS CASE REFERRED TO	O MEDICAL					26 DI	ACE OF D	DEATH (Ch	ack only o	ne)				
item 23	SICIAN	EXAMINER? 1 → YES 2 □ NO		HOSPITAL:	☐ ER/Outpatient :	3 (DOA	OTHE	R:				r (Specify)				
6	PHYS	27. MANNER OF DEATN		28e. OATE OI	FINJURY	28b. TIA	AE OF	28c. INJ	URY AT	esiderice		SCRIBE NOW I	NJURY OCC	CUREO		
marked,			Pending Investigation	(Month, I	Day, Year)	IN	JURY M		RK? (ES 2 [□ NO						
E S	D BY	a D a little	Could not be	28e. PLACE (OF INJURY — At he, etc. (Specify)	ome, farm,	street, fac	tory, office				CATION (Street or Town, State)		or Rural Ac	oute Number,	
23	ш	4 Nomicide	determined		, oto (opoony)						0,	or ionii, orale)				
Hem	COMPLET	CONOCH ONLY	TIFYING PNYSIC	IAN: To the best o	f my knowledge, d	eath occur	red at the	time, date	end place	, end due	to the ca	use(s) end me	nner as stat	ed.		
N. H.	₩ O	anal	ICAL EXAMINER	: On the basic of	examination end/or	investigati	on, In my	opinion, d	eath occu	red at the	time, date	end place, er	nd due to th	e ceuse(s)	end menner	es atated.
IMPORTANT: II	w	29b. SIGNATURE AND TITLE	OF CERTIFIER	01 0	1//10					ENSE NUI			29d. DAT	E SIGNEO	(Month, Day, N	(bar)
MP	O B	M	140	lod	MD	-			D	10	74	U		2-1	2-90	צ
- 1		30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAL	ISE OF DEATH (ITE	EM 27) (Tyro	- Printi									

ETED CAUSE OF DEATN (ITEM 27) (Type, Print)

M.D. 707 FORTAUE

Stake Davidson Rendelle

SOLL

THE CO	
ical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
moval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
by the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
after death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a furst after death. Page 6 may be retained by the hosp

	1 - FOR STATE REGISTRAR		STATE OF N			RTMENT OF			MENTAL	HYGIEN REG. NO		9	1990
	1. DECEDENT'S NAME (First, A	111	nita	- F 18		+_			2. DATE O		Feb		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBE 216-07-4308	A	5. SEX	6. AGE (In yrs. Ia:	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDEF	MIN.		,		8. BIRTI Count	IPLACE (State or Foreign
LOR	9a. FACILITY NAME (If not inst Mercy Hos RESIDENCE OF DECE		reet and number)			9ь. city, тоwn Balt:		ON OF DE	EATH		9c. COUN		
DIRECTOR		10b. COUNTY				altimor		N7					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 501 N. Linw	ood As	ve		.1 -2		H. ZIP COD				10g. CITIZ		WHAT COUNTRY?
BY	11. MARITAL STATUS t Never Married 2 N 3 Widowed 4 Divorce	farried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. AI YES 2 MR OR DATES	RMED NO	If yes, s	CENDENT (OF HISPAN	in, Puarto Ri	(Specify Yea		14. RAC	E — American Indien, k, White, etc. #y: White
COMPLETED	15. DECEI (Specify only I Elementary/Secondary (0-1		CATION completed) College (1-4 or 5-	(0	Give kind of a. Do NOT L	B USUAL OCCUPAT work done during n use retired.)	ION lost of world	ng	16b.	U. S.	Gove		nent
COM	17. FATHER S NAME (First, Mid		NA		0.0.	ALMY	16. MOT	HER'S NA	ME (First, M	iddle, Maiden	Surname)		
TO BE	John J. Da	oe/Print)		19	b. MAILIN	G ADDRESS (Street			A. Pis		rn, State, Zip	Code)	
	Helen M. Dat 20a. METHOD OF DISPOSITIO 10 Burlai 2 Cremation 4 Donation 5 Other (S	N.		other p	OF DISPO)1 N. Li				20c. LO	CATION —	Cify or To	own, Stata
	21. SIGNATURE OF FUNERAL Eugen	SERVICE LIC		I Holy	Ros	SCH		K FU	NERAL	HOME Balt			
	23. PART i. Enter the dis- shock, or her IMMEDIATE CAUSE (Fine disease or condition resulting in daeth)	art fallure.	List only one car	phy lo	a.	cal	pne	الما	man	ia			Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list condition if any, laeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	late IG y	cer	(OR AS A CONSE	U	on: fraci on: uscula	r	ace	ci d	ent			
PHYSICIAN: MEDICAL C	PART II. Other algnificen		e ontributing to			in the undariyi	ng causa	given in		24a. WAS AN PERFOI 1 YES	RMED7	241	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			26. OTHER:	LACE OF E	EATH (Ch	neck only one)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 P		1 Impatient 2 26a, DATE Of (Month, L	INJURY	26b. TH	JURY V	JURY AT ORK?		_	(Specify)	INJURY OCC	CURED	
TED BY	3 Suicide 6 C	could not be etermined	26a. PLACE C building,	OF INJURY — At he	ome, farm,	street, factory, off				TION (Street r Town, State)		or Rural	Route Number,
COMPLETED	one)		CIAN: To the best of a										a) and manner as stated.
8	296. SIGNATURE AND TITLE O	OF CERTIFIE	Sold lo	u m5			29c. LIC	26	MBER 535	F	29d. DATE	SIGNET	2 / 9C
2	30. NAME AND ADDRESS OF	PERSON WH	Sakolo	u, m.		9, Print) 3733	5+	Ru	4//	Plac .	- 3	1/4	12/202
	31. DATE FILED (Manual DE)	T'3 19	90 32. REPASTR	AR'S SIGNATURE	Mande								

BALTIMORE, MARYLAND 21203-3146	4 hours after death. Page 6 may be retained to the applied or attending physician.	filled in by the funeral director, page another be concluded for use as the burial-transit permit. Page in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to the above social or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page, which the death with the State Deat, of Health and Mental Hydere prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND N E OF DEATH	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) MICHAFI,		FISHER		2. DATE OF DEATH MONTH 2-5-90	YEAR	3. TIME OF DEATH 1:42AM M
4. SOCIAL SECURITY NUMBER 216-74-2078	1 M 2 F	29 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/8/60	Count	Md.
St. Agnes Hospi		96. CTT	Baltimore		9c. COUNTY OF S	DEATH
Md . 106. COUNT	Υ	Balto				10d. INSIDE CITY LIMITS? NX YES 2 NO
10e. STREET AND NUMBER 2944 Clifton Ave	nue		101. ZIP CODE 21216		USA	WHAT COUNTRY?
10e. STREET AND NUMBER 2944 Clifton Ave 11. MARITAL STATUS 1 ((Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDM (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexican 1 YES 2 NO Specify.	, Puarto Rican, etc.)	r No 14. RAC Blac Spec Blac	E — American Indian, k, Whita, etc. CK
15. DECEDENT'S EDI (Specify only highest gredi Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired. Unemploy	during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Thomas B. Fisher	r, Jr.		Julia	ME (First, Middle, Maiden Su B. William:	S	
Julia Fisher			ss(Street and Number or Rural R fton Avenue			6
20s. METHOD OF DISPOSITION 1 Solution 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	novel from State	20b. PLACE OF DISPOSITION (*) (**Ting Mem. P	fton Avenue lame of cometery, crematory or k.		allstow	
21. SIGNATURE OF FUNERAL SERVICE LI			.NAME AND ADDRESS OF FAC 4300 Wabash / March F/H Wes			
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one cause Mult:			se cerdiec or respira	tory arrest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	b DUE TO (OF	R AS A CONSEQUENCE OF):				
PART II. Other significant condition	dne contributing to de	ath but not resulting in the s	inderlying cause given in			b. WERE AUTOPSY FINDINGS
				PERFORM 1 YES 2	NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
		· · · · · · · · · · · · · · · · · · ·	28. PLACE OF DEATH (Chi	ock only one)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpetient 3 DOA 4 N	R: Iraing Home 5 Residence	8 Cher (Specify)		
EXAMINER?	28a. DATE OF IN. (Month, Day. 2-5-90	R/Outpetient 3 DOA 4 No. AURY See 1 DOA 4 No. AURY See 1 DOA 4 No. AURY M	28c. INJURY AT WORK? 1 YES 2 XX90	Subject s	hot	
EXAMINER? XXXXES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28a. DATE OF IN. (Morth, Day. 2-5-9 28a. PLACE OF III. building, etc.	JURY 28b. TIME OF INJURY M NJURY At home, farm, street, fa (Specify) Stre	### Sec. INJURY AT WORK? 1 YES 2 XX90 ctory, office	28d. DESCRIBE HOW INJ Subject SI 281. LOCATION (Street and City or Town, State) 4100 Block	hot Mumber or Aural Colver	Route Number, n Street,Bal
EXAMINER? XXXXES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	28a. DATE OF IN. 28a. DATE OF IN. 28a. PLACE OF II building, etc. 28c. PLACE OF II building, etc.	IVRY At home, farm, street, fs. (Specify)	aming Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 YO	28d. DESCRIBE HOW INJ SUBJECT S 28f. LOCATION (Street and City or Town, State), 4100 Block Maryland to the Course(s) and manner	hot d Number or Flural Colver or as stated.	n Street,Bal

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THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral dir	cremati.	
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	FOR STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPAR CERTIF					MENT	AL HYGIENI REG. NO.	E	90	031	96	
	1. DECEDENT'S NAME (First, INTERPOLAS)		FIRNS	TEIN						2. DATE OF DEATH FEBRUARY DAY YEAR 9, 1990 6:19 A						
	4. SOCIAL SECURITY NUMBE 215-09-4087		5. SEX 1 🔀 M 2 🗌 F	6. AGE (In)	rrs. last birthday) YRS.	IF UNDER								PLACE (State or Fo	oreign	
OR	9a. FACILITY NAME (If not inst THE JOHNS I			TIM(RE CITY 9c. COUNTY OF COATH											
DIRECTOR	RESIDENCE OF DECI 100. STATE MD.	10b. COUNTY			10c. CIT	y, town o								10d. INSIDE CITY LIMITS? XX YES 2		
FUNERAL	104. STREET AND NUMBER 615 N.	1		101. ZIP CODE 10g. CITIZEN OF WHAT COUNT 21205 U.S.A.						VHAT COUNTRY?						
B	11. MARITAL STATUS 1 Never Merried 2 R 3 Widowed 4 Divor	T EVER IN U YES AR OR DATE	2 NO		It yes, sp		ın, Mexica	in, Puerl	GIN? (Specify Yes to Rican, etc.)	or No—		- American Indi c, White, etc. dy: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) n/a n/a				6e. DECEDENT'S (Give kind of the life. Do NOT us	vork done	during mo	et of worki	ng	1	66. KIND OF BUS					
	n/a 17. FATHER'S NAME (First, Mic PHILIP						A III L			•	MILLINERY E (First, Middle, Malden Surrame) ABETH UNKNOWN					
TO BE	190. INFORMANT'S NAME (7)/1 MARY TUMMI	1700	(FRIEND)								umber, City or Town					
i	1 🖰 Buriel 2 □ Cremation 4 □ Donetion 5 □ Other (20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometer), cremetory or other place) MOST HOLY REDEEMER CEMETERY BALTIMORE MD														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUN 3331 Brehms L									UNE:				Md.21213	3	
	shock, or he	23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition										Approximinterval E Onset an	etween			
CERTIFICATION	Sequentially liat conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST															
MEDICAL CE	PERFORMED? A										WERE AUTOPSY I AVAILABLE PRIOR COMPLETION OF OF DEATH?	TO				
IAN: ME	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									1 YES 2	МО					
PHYSICIAN:	EXAMINER? 1 VES 2 NO 1 MANNER OF DEATH 28. DATE OF INJURY (Month, Dey, Year)				28b. TIN	OTHER:				noe 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED						
B	2 Accident	Pending nvestigation Could not be determined		F INJURY — etc. (Specify		M 1 YES 2 NO At home, farm, street, factory, office					281. LOCATION (Street and Number or Flural Route Number, City or Town, State)					
COMPLETED	CONSUM OTHY		CIAN: To the best o											s) and menner as	stated.	
B	296. SIGNATURE AND TITLE Rave So	of CERTIFIER	, MD					29c. LIC	ENSE NU	MBER		29d. DAT	4 4	(Month, Day, Year,		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)																

31. DATE FILED (APTE BY 13 1990 32. REDISTRARIE SIGNATURE Randelle

examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFICA	TE OF	DEATH	I HUE	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)							OF OEATH		3, 1	TIME OF DEATH		
	Josephine	MONTH DAY YEAR											
		La agri						ruary	8. 199		:55 a ™		
N.	4. SOCIAL SECURITY NUMBER	MONTH DAVE HOUSE AND MORTH Day Year) - Country											
	972 98 30 J 1 1 N 5/2 1 1 N 1/2 N 2 N 1 N 1/2 N 2 N 1/2 N 2 N 1/2 N 2 N 2 N 2 N 2 N 2 N 2 N 2 N 2 N 2 N												
DIRECTOR	FRANKLIN SQUARE HOSPITAL ROSEDALE Baltimore, Co.												
S	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY												
三													
FUNERAL	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WH												
E	3310 DELPHA LOURT 2024 U.S.F												
ZΙ	11, MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. ARM	IEO I	12 WAS OF	CENOENT OF HISPA	NIC OBIGIN	2 (Panelly Van	or No.— 14.	RACE -	American Indian.		
E	1 Never Married 2 Married	FORCES? 1	YES 2 NO		If yes, s	ecify Cuban, Mexic	an, Puerto F	Rican, atc.)	OT NO 14.	Black, Wi	vite, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 TYE	2 NO Speci	lly:		1	Specify:			
- 1	4	1							1	U.A.)	12		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of twork done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnage)													
Ш	Elementary/Secondary (0-12)	College (1-4 or 5 +) life. (Do NOT use reti	ed.)								
9	17RS.			1 1	loms								
ō	17. FATHER'S NAME (First, Middle, Last)	-				18. MOTHER'S N	AME (First, A	Alddie, Maiden	Surname)				
	STADISTA	15 De	BRD 4	CK.		V.5	TOP	2.0	Rus	П			
B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
2	Family Pra	200-			c O		riodia nume	ior, City or now	n, Siate, Zip Coc	16)			
	THINK IC	ORUS		24U	2 -	7 10	ONS						
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	oval from State	20b. PLACE O	F DISPOSITION	N (Name of ca	metery, crematory or		20c. LO	CATION — City	or Town,	State		
	4 Donatton 5 Other (Specify)												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	11 11 112	-			SVA	as CHA	0129	41 1	MOK	23	1		
	Harley 45	dionon			88	AHOO	RFOF	RO K	- OAO	MAR	LY.LLS		
	23. PART I. Entar the diseases, or o	complications that	t causad the dea	th. Do not e	nter the me	ode of dying, su	ch as cerd	lac or resp	ratory errest		Approximate		
	shock, or heert fellura. List only one cause on aech line.												
	IMMEDIATE CAUSE (Final disease or condition										Onset and Death		
	resulting in death)	. Cardia	c Arrest	-									
		DUE TO	(OR AS A CONSEC	UENCE OF):									
z	Irreversible Shock												
일비	Sequentially list conditions, If any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):												
3	cause. Enter UNDERLYING	Ruptur	ed Abdon	ninal A	ortic	Aneurys	sm						
CERTIFICATION	CAUSE (Disease or Injury that initiated events		(OR AS A CONSEQ			7.							
F	resulting in death) LAST												
<u> </u>		d											
- 41	PART II. Other significent condition	is contributing to	deeth but not re	sulting in th	a underlyir	ig cause given li	n Part I.	24s, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS		
5	Hypertension							PERFORMED? AVAIL.			MPLETION OF CAUSE		
EDICAL	Thy Det cents ton							1 TYES 2	NO		DEATH?		
ž										1[YES 2 NO		
÷ l													
₹	25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF DEATH (C	check only on	10)					
잃내	EXAMINER? 1 \(\text{YES} \) 2 \(\text{NO} \)	HOSPITAL:) EDIO		HER:								
<u> </u>	27. MANNER OF DEATH	1 Dynpetlant 2				ne 5 Residence							
PHYSICIAN:	1 X Natural 5 Pending	28a, DATE OF (Month, De		28b. TIME OF INJURY	W	JURY AT ORK?	28d. OES	CRIBE HOW	NJURY OCCUR	ED			
B	2 Accident Investigation				M 1 🗌	YES 2 NO							
	3 Suicide s Could not be	28e. PLACE Of	F INJURY - Al hon atc. (Specify)	ne, ferm, street	, factory, offi	ce			and Number or I	Rural Route	Number,		
	4 Homicide determined	ounding,	ates (openiny)				City	City or Town, State)					
COMPLET	29a. CERTIFIER												
<u>d</u>	(Check only												
ő	2 MEDICAL EXAMINE	R: On the beals of at	xamination and/or in	weatigation, in	my opinion,	death occured at th	ne time, date	and place, ar	nd due to the co	Inse(s) su	d manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NO	UMBER		29d, OATE SI	GNED (Ma	inth, Day, Year)		
H H	D Bacroma A		ICU Res	det					/	1	^		
2						,			2/	8/9	0		
	30. NAME AND ADDRESS OF PERSON WH												
	ROGER E. SI	CHNEIDET	R 21	12 E	ELAIN	RD	FAL	LSTON	MD	2/0	47		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE										
- 1	EED1 91000	L. Karista	70. 1.00										

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1. DECEDENT'S NAME (First, Middle, Last)		CERTIF			REG. NO						
	odie,	SR.			2. DATE OF DEATH	DAY YE	ar 12 49				
4. SOCIAL SECURITY NUMBER 218-09-2069		AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	8.5	Country) ARY LAND				
Bon Secour	-		BA /+	OR LOCATION OF D	EATH	9c. COUNTY					
106. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOC	TORE			10d. INSIDE CITY				
10e, STREET AND NUMBER		Di				7	1 YES 2 NO				
0.01.	KE STI			of, ZIP CODE		10g. CITIZEN	5A				
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes,	specify Cuben, Maxic S 2 NO Spec	NIC ORIOIN? (Specify Y an, Puerto Rican, etc.) f/y:	es or No 14.	RACE — American Indian, Black, White, etc. Specific:				
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done during i se retired.)	nost of working	16b. KIND OF B	USINESS/INDUST	RY				
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surgame)											
19a. INFORMANT'S NAME (Type/Print)	DIE	19h MAII ING	Anness (Street	CEC	ELIA Route Number, City or To		ANAN				
MILDRED B	. Good	IE 303	N. B.	euce s	T BA	LTO	MO				
200 NETHOD OF DISPOSITION 1 Device 2 Cremetion 3 Rem 1 constion 6 Other (Specify)	ioval from State	Other place OF DISPOR	SITION (Name of o	CEME	TARY B	OCATION - City	ORE, MD				
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE Urris		22. NAME	AND ADDRESS OF F	HARLIS D	-11	DI HCCUL				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. B. DUE TO (OR	AS A CONSEQUENCE O	f con	esper ebro	- vesca	Fands	Cident.				
PART II. Other algorificant condition	d	ath but not resulting	In the underly	ing cause given in		IN AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINON AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO				
			26.	PLACE OF DEATH (C	neck only one)						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	VOutpetient 3 DOA	OTHER:		6 Cther (Specify)						
EXAMINER? 1		URY 286. TIN	OTHER: 4 Nursing Ho IE OF 26c. I JURY			INJURY OCCUR	ED				
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28a. PLACE OF IN	URY 28b. TIN IN.	OTHER: 4 Nursing H BE OF 26c. I JURY 1	ome 5 Residence NJURY AT VORK? YES 2 NO	6 Other (Specify)	t and Number or F					
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Sulcide 6 Could not be 4 Homicide 6 Could not be detarmined	28s. DATE OF IND (Month, Dey.) 28s. PLACE OF IND building, stc.	URY 28b. TIM IN. JURY — At home, farm, (Specify)	OTHER: 4 Nursing He BE OF 26c. I JURY M 1 atreet, factory, of	ome 5 Residence NJURY AT VORK? YES 2 NO VIce	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(s) and m	et and Number or F	tural Route Number,				
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	28e. DATE OF INJ (Month, Dey.) 28e. PLACE OF IN- building, stc. ICIAN: To the best of my ER: On the basis of axam	URY 28b. TIM IN. JURY — At home, farm, (Specify)	OTHER: 4 Nursing He BE OF 26c. I JURY M 1 atreet, factory, of	ome 5 Residence NJURY AT YORK? YES 2 NO rice hts and place, and du , death occured at th	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stell to the cause(e) and me time, date end place,	end Number or F	tural Route Number,				
27. MANNER OF DEATH 1	28e. DATE OF INJ (Month, Dey.) 28e. PLACE OF IN- building, stc. ICIAN: To the best of my ER: On the basis of axam	URY 28b. TIM IN. JURY — At home, farm, (Specify)	OTHER: 4 Nursing He BE OF 26c. I JURY M 1 atreet, factory, of	ome 5 Residence NJURY AT VORK? YES 2 NO VIce	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stell to the cause(e) and me time, date end place,	end Number or F					

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-

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and and	72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	dical
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31. DATE FILED (Month, Day, Year)

	1 - FOR STATE REGISTRAR	STATE OF MARY					EALTH A			GIENE				
	1. DECEDENT'S NAME (First, Middle, Last)	Veronica Delores Glasgow							DATE OF DE	DAY	1990 YEAR		7:20	н
	4. SOCIAL SECURITY NUMBER 2 3 9-28-9042	1 🗌 M 2 💢 F	58 (In yrs. les	t birthday) YRS.	IF UNDER	DAYS		MIN.	DATE OF BIF (Month, Day,	OF BIRTH 8.		Country)	LACE (Stote or Fo	reign
TOR	9a. FACILITY NAME (If not institution, give a 2525 Riggs Aven					imore			9	e. COUNTY	OF DE	ATH		
DIRECTOR	10e. STATE 10b. COUNT		10e. CIT	у, тоwn в Ва		ore C	ity			IOd. INSIDE CITY LIMITS?				
FUNERAL	100. STREET AND NUMBER 2525 Riggs Aven						10f. ZIP CODE 10g. CITIZEN OF WHAT CO 2] 2] 6 U.S.A.							
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	IN U.S. AR S 2 X N DATES	MED IO		If yes, spe	ENDENT OF Pocify Cuben, I	Mexican, Pu	RIGIN? (Spe serto Rican,	etc.)	No:- 14.	RACE - Black, Specify.	- American India White, etc. Black	en,	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	(G life.	CEDENT'S the kind of Do NOT u	work done se retired.)	during mo	ON st of working		Essex Comm. College						
	17. FATHER'S NAME (First, Middle, Last)							n's name (f	First, Middle,		rname)			
TO BE	19e. INFORMANT'S NAME (Type/Print) Lynn Kittrell		190				nd Number or	Rural Route	Number, City	y or Town, S			21216	
	Lynn Kittrell 2525 Riggs Avenue, Baltimore, Maryland 21216 **METHOD OF DISPOSITION												m	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter. Funeral Homes, Inc. 2]2 2501 Gwynns Falls Pkwy., Baltime										12]	6		
	22. PART Into the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, interval												Approximinterval B. Onset and	ata etween
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
	resulting in death) LAST													
: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPS AVAILABLE PRI COMPLETION OF DEATH? 1 YES 2											AVAILABLE PRIOR COMPLETION DF	TO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/OL	structions 3	[] DOA	OTHE	R:	ACE OF DEA	_		-16.4				
ВУ РНУ	27. MANNER OF CEATH 1 Netural 5 Pending	r)	28b. TIN		28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK? 1 YES 2 NO									
0	2 Accident investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street									Number or i	Rural Ro	ute Number,		
COMPLET	anal .	ICIAN: To the best of my kno ER: On the besis of examinat										uee(e)	and manner as a	tated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Juan 190						SE NUMBER		2	Ped. DATE SI	GNED (Month, Day, Year)	
0	30. NAME AND ADDITION OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											211		

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1 -

	1. DECEOENT'S NAME (First, Middle, Last,	GREEN		2. DATE OF DEATH MONTH February	90°	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 232-26-7346		(In yrs. last birthda 86 YRS.	MONTHS	DAYS		MIN.	7. DATE OF BIRTH (Month, Day, Year)	1903	a. BIRTH	PLACE (State or Foreign
тоя	9a. FACILITY NAME (If not institution, give Liberty Medical RESIDENCE OF DECEDENT					or locati			9c. COU	ITY OF D	
DIRECTOR	10e. STATE 10b. COUNTY Maryland	TY	10c. C	EITY, TOWN O		imore	Ci tı				10d. INSIDE CITY LIMITS? 1.XXFES 2 NO
A	104. STREET AND NUMBER				_	10f. ZIP COD	E		10g. CITI	ZEN OF V	VHAT COUNTRY?
ÉR.	1824 Etting St						2121	.7	u.s.	A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 2XXWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? LAXYES U.S. GIVE WAR OR D	N U.S. ARMED 2 □ NO ATES 1920–23		if yes,	AS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- yea, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — America Black, White, at Specify: Specify: 81.0					
	15. DECEDENT'S ED (Specify only highest grad	16a. DECEDENT	"S USUAL O	CCUPA	TION most of worki	na	16b. KIND OF BU	SINESS/IND	USTRY		
APLET	Elementary/Secondary (0-12) 6th Grade	Me. Do NO	use retired.)				Unit Pals	ed Ce u	rebr	ral	
once.	17. FATHER'S NAME (First, Middle, Last)	-		18. MOT	HER'S NA	ME (First, Middle, Meiden					
I at	Joseph Gree					Ri	iie				
TO BE	19a. INFORMANT'S NAME (Type/Print)		195, MAILI	NG ADDRES	S (Stree	et and Numbe	r or Rural I	Poute Number, City or Tox	vn, State, Zip	Code)	
9 F	Fage Young		11	7 S.	Tre	emont	Rd.	Baltimor	e. Md	. 21	229
st pe	Fave Young 117 S. Tremont Rd., Baltimore, Md. 21229 200, METHOD OF DISPOSITION 200, METHOD OF DISPOSITION 200, Method of Commentary or Other place) 200, METHOD OF DISPOSITION 200, LOCATION — City or Town, State Other place)										
Hust	4 Doneston 6 Oner (Specify) Arbutus Memorial Park 21. SIGNATU OF FUNERIAL SERVICE LICENSIE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY										
medical examiner	23. PART L chaef the diseases, or	complications that cause	d the death, p	5	Nut 25	tter f	uner	al Homes, Falls Pkg	1011.	Balt	
event, the	ahock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or bendition resulting in death) a. Die to (or as a consequence of): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
P	CAUSE (Disease or injury that initiated events resulting in death) LAST C. OUE TO (OR AS A CONSEQUENCE OF):										
AN: MEDICAL CE	rocent bi				PERFORMED? AM CO 1 YES 2 NO OF					WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Item SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		PLACE OF E	DEATH (Ch	eck only one)			
YSI	1 TYES 2 THO	1 Inpatient 2 - ER/Out	patient 3 🗆 DOA			ome 5 🗆 R	ealdenca	6 🗆 Other (Specify)			
marked, or item BY PHYSICI	27. MANNER OF DEATH 1 Natural S Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		IME OF INJURY M	1	INJURY AT WORK? YES 2 [□ NO	26d. DESCRIBE HOW	INJURY OC	CUREO	
28 IS	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farr	n, street, fac	tory, of	Mica		281. LOCATION (Street City or Town, State	and Number	or Rural I	Route Number,
ANT. If Item COMPLE	000)	SICIAN: To the best of my know IER: On the basis of examination									a) and manner as stated.
TO BE COI	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (MORIT), Day, Year)										
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH SIEM 27) (Typo, Print) Z. N. CAHIJI (TBERTY MGD ICAL CEIVTER										
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN							7		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the
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medical examiner

	FOR 1 - STATE REGISTRAR	SIAIE UF N	IARYLAND / CE		ICATE				MENIAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			i i					2. DATE (OF OEATH		3. TIME OF	DEATH
	WAI	TER			GI	ENN	, JR	.	MONTH	2-9-90	W 1	1:35	AM M
	The state of the s	. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE C	Day, Year)		BIRTHPLACE (State Country)	e or Foreign
	210 00 100	M 2 □ F	29	YRS.	months	DATS	HOURS	mare.	1	5 6	1	Maryla	nd
_	9a. FACILITY NAME (If not institution, give street	,			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
ğ	University Hospita	al		Baltimore City									
EC	10a. STATE 10b. COUNTY			10c. CIT	E. CITY, TOWN OR LOCATION							10d. INSIDI	ECITY
ă	Maryland			į	Balt	imo	re					1 XYES	
.AL	10a. STREET AND NUMBER					10f	ZIP CODE					N OF WHAT COUNT	TRY?
BY FUNERAL DIRECTOR	1032 North Ella							216				USA	
교	11. MARITAL STATUS 12 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARI	MED	1	f yes, spi	city Cuba	n, Maxicar	n, Puerto R	? (Specify Yea Ican, atc.)	or No—	I. RACE — America Black, White, etc.	ri Indian,
	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		'	YES	2 NO	Specify	r;			Specify: Bla	ick
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION no/eted)	16a. DE0	CEDENT'S	USUAL OC	CUPATIO	N st of workin	a	16b.	KIND OF BUS	INESS/INOUS		
9		College (1-4 or 5 i	·)					•		TAT / A			
MP	17. FATHER'S NAME (First, Middle, Last)			N/	A					N/A			
	Walter Glenn. S									liddle, Malden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	T .	196	. MAILING	ADDRESS	(Street a				er, City or Town	n. State. Zip C	ode)	
욘	Rosalee Holmes		100									. Md 2	1216
	20a. METHOD OF DISPOSITION	I from State	20b. PLACE (icel								ty or Town, State	
1	Arbutus Memorial Park Baltimore, MD												
	21, SIGNATURE OF FUNERAL SERVICE LICEN	/ //			22. S. C	NAME AN	1311 CT	ss of FAC	Ser	aggal vice	ean	Gilmore Chatmar	Hen-
	11/aggalean D	Lenso	2		Ha	rri	s F	H 1	1701	McCu	illoh	St Bal	to.
	23. PART I. Enter the diseases, or con ahock, or heart fellure. Lie				not enter	the mo	de of dyl	ng, auch	h aa cerd	isc or respi	ratory srres		roximate vsi Between
	IMMEDIATE CAUSE (Finel disease or condition	GIP 101	TOTAL TOTAL	DO 0	D 0111	i CVIII						Onac	et and Death
	e. GUNSHOT WOUNDS OF CHEST oue 10 (OR AS A CONSEQUENCE OF):												
z													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
5	CAUSE (Disease or Injury	DUE TO	(OR AS A CONSEC	NIENOE O									
	that initiated events resulting in death) LAST	DOE 10	(OH AS A CONSEC	JUENCE U	+) :								
GE	d											+	
CAL	PART II. Other algnificant conditions of	ontributing to	deeth but not r	eauiting	In the un	derlyln	g cause (given in	Part I.	24a. WAS AN PERFOR		24b. WERE AUTO	PRIOR TO
										XXXXYES 2	□ NO	OF OEATH?	ON OF CAUSE
MED									-			XXX YES	2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF O	EATH (Che	eck only on	p)			
SIC		IOSPITAL:	XER/Outpatient 3	□ DOA	OTHER 4 Nun	₹:			6 🗆 Other			· · · · ·	
ΉΥ	27. MANNER OF CEATH	28a. DATE OF (Month, D	INJURY	26b. TIR		28c. INJ				CRIBE HOW I	NJURY OCCU	REO	
ВУЯ	1 Netural 5 Pending 2 Accident Investigation	2-9-			50AM		YES XX	3496	Sub	ject S	Shot		
8	3 Suicide 6 Could not be		of INJURY — At ho						City o	or Town, State)		Rural Route Numbe	
Ē	D. 100 100 100 100 100 100 100 100 100 10				reet							lar Grov	
COMPLET	29a, CERTIFIER 1 CERTIFYING PHYSICIA	Edit of the Control											
5	AND MEDICAL EXAMINER:	Desire of a	xamination and/or i	investigati	on, in my c	pinion, d				and place, an			
BE	296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Year)												
ဥ	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAU	SE OF OEATH (ITEI	M 27) (Typ)	s, Print)				_				
	FRANK PERETTI, MD					nn S	Stree	t,Ba	ltim	ore,M	2120	1	VC
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the burial-transit permit. Pages 1, 2, 3 should		
be detached for use as t		lied of open
Section 5.		must be not
pletely filled in by the funeral dim	cremation, or removal.	ent the medical examiner
tending physician and comp	lyglene prior to burial, c	other fraumatic evi
e att	lental H	ny injury or

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE	OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Gordon	CI	REASON	1		2. DATE OF OMONTH	DA		YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER			1			02	10	12	90	1:55 p м
	218-18-0509	100	n yrs. last birthday) 67 YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De Jan	y, Ybar)	923	Country	PLACE (State or Foreign WAryland
	9a. FACILITY NAME (If not institution, give si	reet and number)		9b. CITY, T							EATH
DIRECTOR	Franklin Square	Hospital			Ro	1tim	ore County				
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	TY 10c. CITY, TOWN OR LOCATION									10d, INSIDE CITY
DIR	Md.	Baltimore			Ess						LIMITS?
A	10e. STREET AND NUMBER				101.	ZIP COOE			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	616 Delaware A	ve.				2122	1			USA	
5	11. MARITAL STATUS	12. WAS DECEOENT EVER IN FORCES? YES		13. W	AS OEC	ENDENT OF HISP/ relfy Cuban, Maxic	ANIC ORIGIN? (S	pecify Yes	or No-	14. RACE	American Indian, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE WAR ON DA	TES			2 NO Spec		1, etc.)		100,000	White
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	Work done du	UPATIO	IN st of working	16b. KIN	D OF BU	SINESS/INC	USTRY	
<u> </u>	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)				•					46.2
ğ	17. FATHER'S NAME (First, Middle, Last)		Mac	hinis	כ					& Se	eal
ECC	George Great	son				16. MOTNER'S N	berta	Wil			
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rura			-	o Code)	
2	Julius Greason					Street					21001
	20s. METHOD OF DISPOSITION 1 Burlet 2 Commention 3 Rem	20b.	PLACE OF DISPO	SITION (Name	e of cen	nellary, cremetory or				City or Ton	
	4 Donation 6 Other (Specify)	DV81 from State	Metro	Crema	tor	y Inc.		Ва	ltim	ore M	1d.
	FTEUR CON	00		22/10	Sol	nelly i	Simerál	Нош	e 301	Make	we 41221.
$\overline{}$	23. PART I. Enter the diseases, or o			(0)	,						
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. End Stag	ge Chron	ic Obs							Approximata interval Between Onset and Death
Z		DUE TO (OR AS A	CONSEQUENCE C	OF):							
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE C	OF):							
FIC	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE O	OF):							
	resulting in death) LAST	d									
	PART II. Other algnificant condition	a contributing to death b	ut not resulting	In the und	arlying	cause given i	n Part I. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL		- 12-2-13-2-13-2-13-2-13-2-13-2-13-2-13-	A A A			A STATE OF THE PARTY OF		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
							[1]	YES 2	XXIVO		DF DEATH?
2											1 NES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL				na Pu	ACE OF OFFICE	Shaab aat aaal				
PHYSICIAN: M	EXAMINER?	HOSPITAL:	etlant 3 □ DOA	OTHER:		ACE OF OEATN (C		anathri			
Ä	27. MANNER OF DEATH	26a. DATE OF INJURY	28b, TII	ME OF 2	8c. INJ		28d, DESCRI	- //	NJURY OC	CURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN	JURY		RK? (ES 2 NO					
ED B	3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm,	street, factor	ry, offici		28f. LOCATIO	N (Street own, State)	and Numbe	r or Rural R	loute Number,
COMPLET	anal and	ICIAN: To the best of my knowl IR: On the basis of examination) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE N					(Month, Day, Year)
) BE	alah	all, M	· D .			N/A				2/10,	
٥	30. NAME AND ADDRESS OF PERSON WH Mohamed Alabra	ash MD	9000 Fra	nklin	Sa	uare Dr	ive	Ral	timo	re 21	237
	31. DATE FILED (Month, Day, Year)	3 REGISTORIS SIGN	ATO CONTACT	-11/1/1/1		mil Di		Dal	CILIIO	. 6 21	.401
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must	
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HEGISTHAN			OCITI III	ONIL	" DEATH	ned. NC	· .				
1. DECEDENT'S NAME	(First, Middle, Last)	HUDGEN	11			2. DATE OF DEATH	YEAR	3. TIME OF DEATH			
4. SOCIAL SECURITY I	NUMBER 8028		(In yrs. last birthday) YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	Cov	(votos)			
99. FACILITY NAME (II	not institution, dive str	roet and number)		96. CITY, TOV	WN OR LOCATION OF D						
10e. STATE Md.	10b. COUNTY	P.G.	10c. CITY S∈	at Pl	CATION Leasant			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
10e. STREET AND NUM		69th Pl.			101. ZIP CODE 20743		10g. CITIZEN OF	S.A.			
11. MARITAL STATUS 1 Never Married 3 Widowed 4	_	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 3NO	If yes	DECENDENT OF HISPA I, apacify Cuban, Maxico YE\$ 2 X NO Specifi		Bi	ack, Whita, atc.			
	DECEDENT'S EDUC y only highest grade of ary (0-12)		16e. DECEDENT'S (Give kind of w life. Do NOT us Secret	vork done during e retired.)	PATION g most of working		siness/industry	S. BIRTHPLACE (State or Foreign Country) Wash., D.C. TOUNTY OF DEATH BALLETY LIMITS? 1 1 Yes 2 No 10g. CITIZEN OF WHAT COUNTRY? U.S.A. TNO— 14. RACE — American Indian, Black, Whita, atc. Specify: Black IESS/INDUSTRY Ite Industry Industry Industry Industry Industry Industry Industry Ite Industry Ind			
17. FATHER'S NAME (FI	st, Middle, Last)	Matthew G	illis		18. MOTHER'S N	AME (First, Middle, Meide) Lois Drei	Sumeme) 1er				
19e. INFORMANT'S NAME (Type/Print) Lois Gillis Same as # 10 above											
20a, METHOD OF DISPOSITION 1 & Burlai 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) Harmony Mem. Park 2/10/90 Landover, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS FIFTHING TO & Sons, Inc. 4925 Burroughs Ave., N.E.											
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other sign	Dialicent conditions	s contributing to deeth fes Mel	litu'	on the under			RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
25. WAS CASE REFERE EXAMINER? 1 YES 2 N		HOSPITAL:		OTHER:	6. PLACE OF DEATH (C						
27. MANNED OF DEATH	l B Pending	1 Finpetient 2 ER/Os. 28e. DATE OF INJURY (Month, Day, Year)	7 28b. TIM	E OF 28c	Home 8 Residence INJURY AT WORK? YES 2 NO	8 Li Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURED				
2 Accident Investigation								al Route Number,			
one)		CIAN: To the best of my kno						e(a) and manner as stated.			
29b, SIGNATURE AND					29c. LICENSE NU		400000000000000000000000000000000000000				
Mer	SS OF PERSON WA	completed cause of the	301	S7.	Paul P	are Bal	fimie	MD2/20			
31. DATE FILE B	13 1990	REGISTRAR'S SIG	MATURE Andelle				7				

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				GIENE B. NO.	30 032	. U I		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ATH DAY	3. TIME OF DEATH			
David NMN HUN	TER						2:00 A	M		
4. SOCIAL SECURITY NUMBER 214-01-0254			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,) 4/22/	bar)	B. BIRTHPLACE (State or Foreign Country) Alabama	n		
98. FACILITY NAME (If not institution, give si AMI Doctor's			Lanha	R LOCATION OF DE		9c. COUNT	G .			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md.	P.G.		own on Locati adensb				10d, INSIDE CITY LIMITS? \$\text{XYES 2 \subseteq NO}			
100. STREET AND NUMBER 5215	Varnum St.		101.	20710			EN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, spe	ENDENT OF HISPANI belfy Cuban, Maxican 2 NO Specify:	n, Puerto Rican, e		14. RACE — American Indian, Black, Whita, etc. Specific Lack			
15, DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 9 th		16a, DECEDENT'S US (Give kind of work life. Do NOT use n Cemen	ual occupation done during mosetired.)	at of working		. Co. G				
17. FATHER'S NAME (First, Middle, Last) J(ohn Hunter			16. MOTHER'S NAM	ME (First, Middle, I					
190. INFORMANT'S NAME (Type/Print) Carrie G. Hunt	ter			nd Number or Rural R		or Town, State, Zip (Code)			
20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	1 Surfal 2 Cremation 3 Removal from State									
21. SIGNATURE OF FUNERAL SERVICE LIC	V. Prati	+		. Washir Burroug						
IMMEDIATE CAUSE (Final	Liet only one cause on a	ech line.					Interval Betw Onset and Da	reen		
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):								
PART II. Other significant condition	s contributing to deeth	but not resulting in	the underlying	ceuse given in	F	MAS AN AUTOPSY PERFORMED? YES 2 DENO	24b. WERE AUTOPSY FINON AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	eck only one)					
1 VES 2 NO	Impetient 2 - ER/Out	patient 3 DOA 4	☐ Nursing Hom	e 6 🗆 Residenca						
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (M 1 N	RK? 'ES 2 NO		HOW INJURY OCC				
3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre	et, factory, office		261. LOCATION City or Town		or Rural Route Number,			
one)	CIAN: To the best of my know						d. cause(s) and manner as state	ed.		
296. SIGNATURE AND TITLE OF CERTIFIE	S. Nay			29c. LICENSE NUM D 17	874	▶ 5.	SIGNED (Month, Day, Year)			
S. M. NAYAR, MD.	J. A.						722			

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tal or attending physician. ours after death. Page 6 may be res TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ___cours after death. Page 6 may be ret TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

for use as the burial-transit permit. Pages 1, 2, 3 should

ND 21203-3146

BALTIMORE, MAI

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netfl DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

HAMM

4. SOCIAL SECURITY NUMBER

217-01-1774A

KOLAND 5. SEX

1 M 2 - F

1 -

	9e. FACILITY NAME (If not institution, give a	treet end number)		9b. CITY,	TOWN OR LOCATION OF	DEATH	9c. COUNTY OF DEATH				
DIRECTOR	SINAT HOSPITAT	<u> </u>		BALTIMORE CITY							
2	10e. STATE 10b. COUNT	Y	10c, CI	TY, TOWN OF	LOCATION				10d	I. INSIDE CITY	
E	MARYLAND				MORE CITY	,				LIMITS?	
. 2	10e. STREET AND NUMBER			AUII.	101, ZIP CODE	•	Τ,	10g. CITIZEN			
FUNERAL	5134 WOLVERTO	N AVENUE								000,11111	
2	11. MARITAL STATUS	12. WAS OECEDENT EVER I	N II S ADMED	12 W	AS OECENDENT OF HISP		(Specify Years)		JSA	American Indian.	
0	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	10	If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify:						
	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	Work done du	CUPATION pring most of working	16b. K	IND OF BUSIN	ESS/INDUST	RY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	ise retired.)	retred.)						
COMPL	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME (First, Middle, Melden Surname)							
BEC	WILLIAM HAMM		CORNELIA HAMM								
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G AODRESS	Street end Number or Rura	l Route Number	City or Town,	State, Zip Coo	de)		
2	JOSEPHINE HAM	М	5134	WOL	VERTON AV	ENUE:	BAL	го.,	MD.	21215	
	20g. METHOO OF DISPOSITION	20	b. PLACE OF DISPO		e of cemetery, cremetory or		7	TION — City			
	1 XBuriel 2 Cremation 3 Rem		CEDAR H	TLL	CEMETERY		BA	LTIMO	ORE		
	21. BIGHATURY OF FUNERAL SERVICE LI		11	22. N	AME AND ADDRESS OF F						
LEROY O. DYETT & SON FUN 4600 LIBERTY HEIGHTS AVE											
	may may	V' CO	W	4	600 LIBER	TY H	ELCHUR	SAVE	HVIO E		
	23. PART I. finier the diseases, of shock, or hear failure.	List only one cause on a	s the death. Do	not enter t	he mode of dying, su	ch as cardia	oc Dr. respira	tory arrest		Approximats Interval Betw	
	IMMEDIATE CAUSE (Firm)	V								Onset and De	
	disease or condition resulting in death)	. FATAL	ARRYTHI	NIAS							
		in the second second	A CONSEQUENCE								
Z	Sequentially list conditions,	b. CONGEST	TVE HEI	ART	FAILURE						
=	If any, leeding to immediate	DUE TO (OR AS	OBSTRUCTIVE LUNG DISEASE								
5	CAUSE (Disease or Injury	VI									
E	that Initiated events	DUE TO (OR AS	CONSEQUENCE OF):								
ERTIFICATION	resulting in death) LAST	d									
0	PART II. Other significant condition	ns contributing to death i	but not resulting	in the unc	leriving cause given i	n Part I.	24a. WAS AN AL	JTOPSY	24b. WE	RE AUTOPSY FINDIN	
3				out not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED?					AW	MILABLE PRIOR TO	
MEDICAL							1 TYES 2	KNO		DEATH?	
						_			1[YES 2 NO	
SICIAN		1									
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF GEATH (C	Check only one)					
>−	1 TES 2 NO	1 Impatient 2 - ER/Out		_	ng Home 5 - Residence						
E	27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. Tř	JURY	28c. INJURY AT WORK?	28d. DESC	RIBE HOW INJ	URY OCCUR	ED		
BY	1 Natural 6 Pending 2 Accident investigation			М	1 YES 2 NO						
ED	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, ocify)	, atreet, facto	ry, office		TION (Street end Town, Stete)	d Number or I	Rural Route	Number,	
=	4 Nomicide determined										
COMPLET	000)	ER: On the basis of examination							euse(e) an	d manner as state	
22	29b. SIGNATURE AND TITLE OF CERTIFIE	R AO			29c. LICENSE N	UMBER	1			onth, Day, Year)	
10 m		Stomon, MD						D #	2/4	490	
2	30. NAME AND ADDRESS OF PERSON W		EATH (ITEM 27) (Typ	e, Print)						'	
	IRENE LY	B. MISON, M	O SINI	41 H	OSPITAL OF	BALTI	MORE				
- 1											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DAYS

MONTHS

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR

YRS.

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

9/24/17

IF UNDER 24 HRS.

HOURS

84

3. TIME OF OEATH

8. BIRTHPLACE (State or Foreign

N.

1116 PM

CAROLINA

MD

Approximats Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

OHMH-16 Rev 1/89

DHMH-16 Rev 1/89

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAF ERTIF					MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Fred	(None)	Har	bert						0F DEATH	DAY	YEAR	3. TIME OF DEATH 8:06P	
	4. SOCIAL SECURITY NUMBER 180 30 5607	5. SEMale	6. AGE (In yrs. let 85	st birthday) YRS.	# UNDER	1 YEAR DAYS	IF UNDER	MIN.	7 0475	of BIRTN		a. BIRTHPLACE (State or Foreign Country) Michigan		
TOR	9a. FACILITY NAME (If not institution, give University Hosp RESIDENCE OF DECEDENT							Cit				timo	re City	
FUNEHAL DIRECTOR	10e. STATE 10b. COUNT	y ≥nt		10c. CIT	Y, TOWN (rtor							10d. INSIDE CITY LIMITS? 1 YES 2 HO	
FHAL	100. STREET AND NUMBER RFD					101	zip cod	L678				JSA	WHAT COUNTRY?	
2	3XX Wildowed 4 Divorced Yes WW 2 & Korean Conflict							n Puedo	Ricen, etc.)	e or No-	14. RAC Blac Spec Whit	*		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5 + College (1-4 or 5+) Otorhinolaryngologist 16b. KIND OF BUSINESS/INDUSTRY Ear Nose & Throat Surgery								at					
BE CON	17. FATHER'S NAME (First, Middle, Last) Fred Harbert									Middle, Maidei 1 Burk		1		
2	19e. INFORMANT'S NAME (Type/Print) Barbara Schauber (Daughter) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RFD box # Worton, Md. 21678													
	20c. LOCATION — City or Town, State of DISPOSITION (Name of cornetary, crematory or a control of Disposition of Disposition of Disposition (Name of cornetary, crematory or a control of Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition of Disposition (Name of Cornetary, crematory or Disposition of Disposition of Disposition (Name of Cornetary, crematory or Disposition of D										Md.			
	J. Willis Wells Chestertown, 23. PARV L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory strest, hock, or heart failure. List only one cause on each line.									Approximate Interval Between Onset and Death				
CERTIFICATION	disease of condition resulting in death) A. Multiple injuries with complications DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
BT PHTSICIAN: MEDICAL C	PART II. Other algnificant condition	na contributing to	daath but not	resulting	in the u	ndariyin	g csusa	givan in	Part I.	24a. WAS A PERFO	RMED?		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL					28. P	ACE OF	DEATH (C/	heck only o	70)				
2	EXAMINER? XXX YES 2 \(\text{NO} \)	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 - Nu		• 5 □ F	leeldence	6 🗆 Oth	H (Specify)				
	27. MANNER OF DEATN Natural 5 Pending 2 Accident Investigation	28e. DATE O 2 (Month, 2 - 2 - (22PM	1 🗆	YES XX	ĭ NO	DR1		N AU	[O/J]	EEP IMPACT	
ETED	3 Suicide a Could not be datermined	building	, etc. (Specify)		Roa	ad			Rt.	ozogn stak	298	, Ke	nt County,	
COMPLETED	(Check only 1997)	1 //					leath occu	ured at the	time, date		end due to	the ceuse	(s) end manner ee stated.	
	296 BUGHATURE AND TWILE OF CREMEN	Tali		M 27) /Em	a Print)			CME	MBER		29d. DA	2-	11–90	
	MULIA C. GOODIN,M	D	72-51			nn S	tree	t,Ba	ltim	ore,MI	212	01	VC	
1	FEB 13 1990	11	AR'S SIGNATURE	2										

G PHYSICIAN: The law requires that the death certificate be executed within 24 inours after death. Page 6 may be retained by the hospital or attending physician.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires t	TO THE FUNERAL DIRECTOR: After this certificate has been signe be filed within 72 hours after death with the State Dept. of Health	IMPORTANT: If item 28 is marked, or item 23 shows a

2 12 4 EB 13

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Stere Hench Union

1990 Julia Davidson

	1600								U	03201
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC				DEG NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (F F B	12 19	90 a.	TIME OF DEATH
	MARIE JOSEPHIN	E IRENE HAS	SENEI			MONTH	2 12 94 735 A			
	016-14-1042	□ M 2 👍		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 MRS. HOURS MIN.	7. DATE 0 (Month, APRII	Day, Year)		Country)	MASS.
OC.	9a. FACILITY NAME (If not institution, give street		9	b. CITY, TOWN O	R LOCATION OF DE	EATH		9c. COUNTY	OF DEATH	1
OT	UNION MEMORIAL HO	SPITAL		BALTIM	IORE			l		
DIRECTOR	MD. 10b. COUNTY		10c. CITY, 1	BALT	IMORE		10d. INSIDE CITY LIMITS? 1 (A YES 2 NO			
FUNERAL	100. STREET AND NUMBER 4410 BOWLEYS	LANE APT.	2A	101	ZIP CODE 212	06		10g. CITIZE	U.S.	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2- NO	If yes, spe	ENDENT OF HISPAN scify Cuben, Mexica 2 NO Specify	n, Puerto R	(Specify Yes	or No- 14	Black, Wi Specify:	American Indian, nite, etc.
ED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION					16b.	KIND OF BUS	SINESS/INDUS	TRY	WILLE
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) n/a n/a SEAMSTRESS SHOE (00.	
BE CON	17. FATHER'S NAME (First, Middle, Lest) PIERRE POULIOT 18. MOTHER'S NAME (First, Middle, Maiden Surname) ALESANA LACROIX									
0 B	19a, INFORMANT'S NAME (Type/Print)	IET CHICDAN			LANE, A					D. 21206
	RUSSELL L. HASEN		. PLACE OF DISPOSITI					CATION — CIT		
	1 Buriel 2X Cremetion 3 Remove 4 Donation 5 Other (Specify)	I from State	other place) METRO CF					LTIMO		
	21. SIGNATURE OF FUNGAL, SERVICE LICEN	SEE ON.		SCH	D ADDRESS OF FA IMUNEK F 1 Brehms	UNERA				213
	23. PART I Enter the disesses, Dr con	nplications that cause	d the death. Do not							Approximate
	shock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TOKOR AS	A CONSEQUENCE OF:		oluj					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	contributing to death t	(/		g cause given in	Part I.	24s. WAS AN PERFOR	RMED?	CO	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PL	ACE OF DEATH (CA	neck only on	p)			
IXSI	1 YES 2 NO	inpatient 2 - ER/Out	patient 3 DOA 4	☐ Nursing Hom	e 5 🗆 Residence	_				
ВУ РН	1 Netural 5 Pending 2 Accident investigation	1 Netural 5 Cending (Month, Day, Year) INJURY WORK?						NJURY OCCU	RED	
0	3 Suicide 6 Could not be 4 Homicide determined	289. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, stre cify)	et, factory, offic	•		ATION (Street or Town, State)	and Number or	Rural Route	Number,
COMPLETE	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my know								d manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Hal			29c. LICENSE NU					onth, Day, Ybar)
2	30. NAME AND ADDRESS OF PERSON WHO O	TO THE PERSON OF			IN/A				112	

Memorial

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retain TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct, and 6 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IN INFORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examinar must be notified.

2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

-	3-6-90 cm										0320	JI
	FOR	STATE OF I	AARVI AND	/ DEDAD	TMENT O	E UEAITU	AND	MENTAL HYGIENE				
1	- STATE REGISTRAR	SINIE OF F			ICATE (REG. NO.				
1	. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			. TIME OF DEATH	
	ROBERT			HA	RGROVE			2-6-90	Y	EAR	10:53AM	A
1	I, SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. is		IF UNDER 1 YE	AR IF UNDE		7. DATE OF BIRTH	6.	BIRTHPL	LACE (State or Foreign	n
	231-60-5247	1 1 M 2 □ F	45	O YAS.	MONTHS DA	YS HOURS	MIN.	(Month, Day, Year) 4-12-44		Country)	h Caro	1 -
1	De. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TO	WN OR LOCAT	ION OF D		9c. COUNTY			
	Bon Secours Hos	pital			В	altimo	re C	ity				
_	RESIDENCE OF DECEDENT											_
Г	IOa. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR L						Od. INSIDE CITY LIMITS?	
L	MD.			<u></u>	Balt:					_	r Yes 2 □ NO	_
ľ	1 0 2 C A 1	. .				101. ZIP COO	_		10g, CITIZEI		AT COUNTRY?	
L	1826 Appleton			,		212				U.S		_
и	11. MARITAL STATUS		YES 2	NO	It yes	s, specify Cubi	en, Mexica	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No 14		- American Indian, White, etc.	
п	3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES	<	10	YES 2 NO	Specif	y:		Bla	ok	
-	15. DECEDENT'S EDU	CATION	16a D	ECEDENT'S	USUAL OCCUI	PATION		16b. KIND OF BUSI	NESS/INDIES		ICK	_
-	(Specify only highest grade	completed) College (1-4 or 5		Give kind of a le. Do NOT us	work done durin	g most of work	ing	52870777777				
	Elementary/Secondary (0-12)	Conlege (1-4 or 5	lege (1-4 or 5 +)				Const	truct	ior	1		
1	17. FATHER'S NAME (First, Middle, Lest)				·	18. MOT	HER'S NA	ME (First, Middle, Maiden S	Surname)	_		_
	Daniel L. Hargrove							e Norrington				
	19a. INFORMANT'S NAME (Type/Print)	1010	11	9b. MAILING	ADDRESS (Str			Route Number, City or Town		ode)		-
	Catherine Malo	ne						eet Balto			217	
1	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Name of	of cemetary, cre	matory or	20c, LOC	ATION - CIT			_
	U Burlai 2 ☐ Cremation 3 ☐ Remet Donation 6 ☐ Other (Specify)	oval from State	orner f	nion	Mehe	rrin	Ceme	etery V-	irgin	1 2		
	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List pnly ona car	ric card	cinom	not enter the			s Funeral		e N	21-27 Monro Approximate Interval Betwo	ree
	Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
					Part I. 24s. WAS AN PERFORE	MED?	6	WERE AUTOPSY FINDS MAILABLE PRIDR TO COMPLETION OF CAUS OF DEATH?				
								— INSPEX	THON	1 22	YES 2 NO	

29c. LICENSE NUMBER **OCME**

29d. DATE SIONED (Month, Day, Year) 2-8-90

DEATH (ITEM 27) (Type, Print)

JULIA C. GOODIN, MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

111 Penn Street, Baltimore, MD 21201

FEB 13 1990

DHMH-16 Rev 1/89

BALTIMONE, MARYLAND 21203-3146

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	death.	funera	xamin
ì	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 frours after death. Plan	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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	24	y fill tion.	the
5	d within	mpletel, crema	event,
	xecute	and co	atic
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	10 TH	10 mg 2d 3d 3d 3d 3d 3d 3d 3d 3d 3d 3d 3d 3d 3d	MPC

1990

				,				90 03209
	1 - FOR STATE REGISTRAR	TATE OF MARYLAN		MENT OF CATE OF		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) SYLVIA J JONES					2. DATE OF DEATH	90 YE	ar 10:03 a. M
	4. SOCIAL SECURITY NUMBER 5. S 218-42-7088 1					7. DATE OF BIRTH (Month, Dey, Year) 04-24-45 M. BIRTHPLACE (State or Fore Country) M. Country)		
OR					OR LOCATION OF DEA		9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOC	TION		7	10d. INSIDE CITY LIMITS?
	MARYLAND Baltin	more	BA	LTIMRE			T	1 TYES 2 NO
FUNERAL	100. STREET AND NUMBER 606 MAIN ST			1	21222			S.A.
B≺	1 News Married 2 W Married	WAS DECEDENT EVER IN U FORCES? 1 \(\) YES IF YES, GIVE WAR OR DATE	Z NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexican S 2 NO Specify:			RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Col	Hege (1-4 or 5+)	Me. Do NOT us	ork done during n e retired.)	ON ost of working	16b. KIND OF BUS		RY
X-Ray Tech. Health 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)								
Josiah Banks Elva Bland 19. INFORMANT'S NAME (Type/Print) John C. Jones, Jr. 19. MAILING ADDRESS (Street and Number or Flural Floure Number, City or Town, State, Zip Code) 606 Main Street Balto., Md. 21222								
	28g. METHOD OF DISPOSITION 13. Burlel 2 Cremetion 3 Removal f 4 Donation 5 Other (Specify)	from State 20b. P		ITION (Name of c	emetery, cremetory or	20c. LO	cation — city	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSE			22. NAME	ND ADDRESS OF FAC	CILITY		ria.
	James a. Mor	ton	25			r b on ¥ S s St. Ba		Md. 21217
	23. PART I. Enter the diseases, or comp shock, or heart failure. List							
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (or as a consequence of):							
ATION	Sequentielly list conditions, If any, leading to immediate cause, Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	7):				
	PART II. Other significant conditions co	ntributing to death but	not resulting i	n the underly	ng cause given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
OICA		RCUIDOSI:					\ /	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL	RHEUMATIC MITRA	L VALVE D	ISEASE	EASE		_		1 YE\$ 2 NO
ICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		26. OTHER:	PLACE OF DEATH (Che	ick only one)		
PHYS	1 U YES 2 NO 1 D	Nippetient 2 ER/Outpet	28b. TH6	E OF 28c. f	me 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUR	ED
ВУР	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY -		M 1	YES 2 NO	281. LOCATION (Street	and Number or I	Paral Bouta Number
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	,		City or Town, State,)	
COMPLETED	292. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Or	To the best of my knowled to the basis of examination a						suse(a) and manner as stated.
TO BE C	FANNING 11.	ENERGPY L	ν		29c. LICENSE NUN	IBER .	29d. DATE 91	GNED (Month, Day, Year) 9,90
F	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	H HUS	1, 100 N	1. BRUDOW	m BA	10 21231

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within dirs after death. Pag	TO THE RUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral discour, page 5 mould be detached and within 72 hours after death with the State Dert of Health and Mental Mollene prior to build or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical graminer round and at once.
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fter	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the further than the state with the State Dent of Health and Mental Horier princip busing cremation, or removal	ie
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	FOR STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF H		MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)	1		D	2. DATE OF DEATH		3. TIME OF DEATH
	Calvin (Bari	ham) JACKS	on		1 3		O 7:45 am
		5. SEX 6. AGE (In yrs. lest birth	holey) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-9-90		BIRTHPLACE (State or Foreign Country) aryland
1	Se. FACILITY NAME (If not institution, give stre		- 22	R LOCATION OF DE		9c. COUNTY	-
DIRECTOR	Sinai Hospital		Baltimo	re			
EC	10e. STATE 10b. COUNTY	100	c. CITY, TOWN OR LOCAT	ION		_	10d. INSIDE CITY
	MI)		Balto				LIMITS?
FUNERAL	6502 Eher	10 DO 4	2+303 101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
UNE		12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 HID IF YES, GIVE WAR OR DATES	If yes, spi		n, Puerto Rican, etc.)		Specify:
	15. DECEDENT'S EDUCA		ENT'S USUAL OCCUPATION	DN .	18b, KIND OF BUS	INESS/INDUST	TRY TRY
COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)	ompleted) (Give kir	nd of work done during mo NOT use retired.)	st of working			
MPL							
	17. FATHER'S NAME (First, Middle, Last)	er Jackson	7	16. MOTHER'S NA	ME (First_Middle, Melden	Sumame)	1
BE	The INEQUIMANT'S NAME (Type/Print)	19b. MA	AILING ADDRESS (Street e	nd Number or Reral I	Route Number, City or Town	n, State, Zip Co	do)
10	Patrica E	Barham 6:	502 E	berle	e Apt.	6	21215
	1 Houriel 2 Cremetion 3 -	20b. PLACE OF D other place)	DISPOSITION (Name of con	netery, cremetory or	20c. LO	CATION - CITY	or Town, Slate
	Donetion 5/□ Other (Specify) . It. SIGNATURE OF FUNERAL SERVICE LICE	Med Med	22. NAME AN	D ADDRESS OF FA	CILITY	Your	rine, jud.
	· h. Aul	200	Tex	& Mille	6//	634/	V. producing
	23. PART I. Enter the diseases, or co	mplications that caused the death.				ratory arrest	Approximate
	shock, or heart fallure. Li	ist only one cause on each line.		aa or oying, sao	i as caratas or respi	tatory arrost	Interval Between
	disease or condition resulting in death)	Hyperkalemia					36 Hrs
		DUE TO (OR AS A CONSEQUEN	ICE OF):				
ON	Sequentially list conditions, b.	Renal Failure DUE TO (OR AS A CONSEQUEN	ICE OF):				48 Hrs
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	Hypovolemic Sho					60 Hrs
E	that initiated events resulting in desth) LAST	DUE TO (OR AS A CONSEQUEN Hepatic Hemorrh	•				60 Hrs
CER	d.	- do					OU HIS
AL	PART II. Other <u>algnificent</u> conditional Extreme Prematur		iting in the underlying	g cause given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
PHYSICIAN: MEDIC	Dretaile I Landed I	101			1 (X YES 2	□ NO	OF DEATH?
M							1 Tes 2 No
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	eck anly one)		
YSIC	1 TYES 2 NO	HOSPITAL: 1 Sinpatient 2 ER/Outpatient 3 D	OTHER:	se 5 🗆 Residence	6 Other (Specify)		
H	27. MANNER OF DEATH 1 X Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)		PK?	28d. DESCRIBE HOW I	NJURY OCCUR	RED
84	2 Accident Investigation	28e. PLACE OF INJURY — At home, 1		YES 2 NO	28I, LOCATION (Street	and Number or	Rural Route Number,
COMPLETED	4 Homicide 8 Could not be	building, etc. (Specify)			City or Town, State)		1
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge, death o	occurred at the time, date	end place, and due	To the cause(e) end mai	nner ae stated.	100
OM	2 MEDICAL EXAMINER	On the beste of axamination and/or inves	atigation, in my opinion, d	leath occured at the	lime, date end place, er	d due to the c	ause(s) and manner as stated.
BE (296. SI NATURE AND TITLE OF DERTIFIER	Der to Von	0 0	29c. LICENSE NUI		29d. DATE SI ▶ 1-3	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	D-19284		F 1-3	7-90
	Jacob K. Felix, M	.D., Sinai Hospit	9 7 /	imore			
	31. PFEB 13 1990 &	32 MEGISTRAR'S MANDIANA	,				-,
	1 FD TO 1900 4.						

O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	s are used with the case copy. Or however any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICI	TO THE FUNERAL DIRECTOR; After this cert	IMPORTANT: If item 28 is marked, o

	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) KATH	LEEN B.		JONES		2. DATE OF DEATH DAY	O YE.	AB	1:13PM m
	4. SOCIAL SECURITY NUMBER 212-80-6439	5. SEX 6. AG	E (In yrs. last birthday) - YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB • 15 19	965	8. BIRTHPLACE (State or Foreign Country) MD •	
OR	90. FACILITY NAME (If not institution, give to UNIVERSITY HOSP				OR LOCATION OF DE	· · · · · I	9c. COUNTY	OF DEATH	
اظ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION			104	INSIDE CITY
DIRECTOR		RFORD		JOPPAT				0.00	LIMITS? YES 2 X NO
FUNERAL	100. STREET AND NUMBER 634 D HARBORSIDE DRIVE			10	H. ZIP CODE 21085		10g. CITIZEN	OF WHAT	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 2 Merried 3 Wildowed 4 Divorced			If yes, s		IIC ORIGIN? (Specify Yas on, Puerto Rican, etc.)		RACE — A Black, Wh Specify:	merican indien, ite, atc.
	15. DECEDENT'S EDU (Specify only highest grade	JCATION		USUAL OCCUPAT		16b. KIND OF BUSI	INESS/INDUST	TRY	
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)	ost or working	OLIN	HOME		
MP	n/a. 17. FATHER'S NAME (First, Middle, Last)	n/a	HO	MEMAKER	16 MOTHER'S NA	ME (First, Middle, Maiden S			
S	JOSEPH STEPHEN	NS .			10 10 20	RES W. WIT	,		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING		and Number or Rural i	Route Number, City or Town	, State, Zip Goo	de)	01.005
٦	ANTHONY JONES (634			IVE, JOPPA'			
_	20b. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town, so ther place) 4 Donatton 5 Other (Specify) BALTIMORE MD								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	SCHIMUNEK FUNERAL HOME INC. 9705 Belair Rd., Baltimore, Md. 2								21236
	23. PART I. Entar the diseases, of shock, or haert fallure.	complications that cause on		not anter the m	oda of dying, auc	h aa cardiac or reepir	atory errest,	,	Approximate Interval Batween
	disease or condition MULTIPLE INJURIES resulting in death) a. MULTIPLE INJURIES							Onset and Death	
_	DUE TO (OR AS A CONSEQUENCE OF):								
ATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE O	F):				1	
CE	PART II. Other eignificent condition	o.	hut not moulting	In the underbil	na onuse alven In	Part I. 24s. WAS AN	AUTOBOY	245 WE	RE AUTOPSY FINDINGS
ICAL	PANT II. Other eighnount conductor	nie continuating to deed	Tout not resulting	in the undarry	ig cause given in	PERFORI	MED?	COA	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDI						_		XX	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T		26.1	PLACE OF DEATH (Ch	eck only one)			
SICI	EXAMINER?	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	me 5 🗆 Residence	, ,			
PHY	27. MANNER OF DEATH	28a. DATE OF INJUF (Month, Day, Yea	r) IN	JURY W	JURY AT	28d. DEŞCRIBE HOW IN			ani dant
BY	1 Natural 5 Pending Investigation		IRY — At home, farm,		YES XX NO	Passenger			
COMPLETED	3 Suicide 8 Could not be 4 Hornicide determined	building, etc. (S	(pecify)	Road		695 on rai	L & qm	.R. I	Blvd.,Balto
MPLE		SICIAN: To the best of my kn							
BE CO	191 SIGNATURE AND TITLE OF CONTROL	ER On the basis of examina	T /	on, in my opinion,	29c. LICENSE NU		29d. DATE SI		
TO B	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH FIEM 21) (Ton	a. Print)	OCME		> 2	エムーグ	
	JAMES KAPLAN, MD	/	/ 111 P		eet,Balti	more,MD 21	201		VC
	FEB 1 3 1990	32 REGISTRAR'S SI	L Mandalle						

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1. DECEDENT'S NAME (First, Middle,	GLADYS C. JC		14)	F DEATH	2. DATI	REG. NO	DAY	XEAR	3. TIME O	PEATH
GLAD	17	VICPI	40,		-	2	8	70		1610M
1. SOCIAL SECURITY NUMBER 5645-80-115	5. SEX 6. AG	E (In yrs. last birthday) YRS.	MONTHS DAYS		rs. 7. DATE (Mon	th, Day, Year)	1899	8. BIRTHE	olk,	Virgin
9a. FACILITY NAME (If not institution	give street and number)						9c. COU	INTY OF DE		
Baltimore Coun	ty General Hos	spital	Randa	llstown			Bal	timor	e	
10a. STATE 10b. C	10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d, INSID	E CITY
Maryland	Baltimore					الرب				2 NO
10e. STREET AND NUMBER				101. ZIP CODE			10g. CIT	IZEN OF W		
501 W. Frankli	Franklin Street 21201 USA									
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE	MAS DECEMENT EVER IN U.S. ARMED ORCES? 1 YES 2 NO TYES, GIVE WAR OR DATES 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yes, apecify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:					ea or No	14. RACE Black, Specify	— America White, etc	n Indian,
15, DECEDENT		18a. DECEDENT'S			16	b. KIND OF B				
(Specify only highes Elementary/Secondary (0-12)	grade completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during use retired.}	most of working		,				
		Secret	ary- Re	tired	I	nsura	nce A	gency	7	
17. FATHER'S NAME (First, Middle, La	st)			18. MOTHER	S NAME (First,	Middle, Maide	n Surname)			
?						?				
19a. INFORMANT'S NAME (Type/Prin)	19b. MAILIN	G ADDRESS (Stre	et and Number or F	Rural Route Nun	nber, City or To	wn, State, Zi	p Code)		
Ellaree Fowlke				d Stree			·	21229		
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3	Removal from State	Western/	Star,	cemetery, cremator	y or		OCATION -			
4 Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL SERV		western/		AND ADDRESS (OF FACILITY	I Ca	tonsv	ille,	MD	
Sona a	dams	real	Mars	hall W. imore,	Jones		Funer	al Ho	me P	.A.
23. PART I. Enter the disease shock, or heert fa IMMEDIATE CAUSE (Final disease or condition resulting in death)	s, or complications that could liure. List only one gruss or RE	sed the death. Do seech line.	not enter the		FLLU	^ /	piratory si	rrest,	Inte	roximste rval Between et and Death
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr Injury that Initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algorificant con	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						NÁ AUTOPSY DRMED? 2 🗍 NO	24b.	AMAILABLE	ON OF CAUSE
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEAT	H (Check only o	one)				
1 YES 2 NO 27. MANNER OF DEATH	1 □ Inpetient 2 □ ER/C			Iome 5 - Reside						
1 Natural 5 Pendin 2 Accident investig	(Month, Day, Yea		JURY	INJURY AT WORK? YES 2 N	1	SCRIBE HOW	FINJUHY OC	COMED		
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building stc. (Specific)					CATION (Streety or Town, Stell	it and Numbe te)	er or Rural A	oute Numbi	DC,
anal and	PHYSICIAN: To the best of my kr AMINER: On the basis of examine								and mann	er an stated.
C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNED (Month, Day, Year) 298. SIGNATURE AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 299. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) 291. DATE FILED PROTEIN DAY, 1919 292. LICENSE NUMBER 293. DATE SIGNED (Month, Day, Year) 294. DATE SIGNED (Month, Day, Year) 296. LICENSE NUMBER 277. DATE SIGNED (Month, Day, Year) 297. DATE SIGNED (Month, Day, Year) 298. SIGNATURE AND DATE SIGNED (Month, Day, Year) 299. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year)									
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF	H. RA	HVD A	LLITO	WN	MI) z	-113	7	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2t nours after death. Page at the Thined by the attending physician and completely filled in by the funeral direct. And a should be detached the bits within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

remained by the hospital or attending physician.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Founds after death. Propriet may be many or the control of the co	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director amount of the property of the funeral director amount of the funeral director	he fled within 70 hours after death with the State Bent of Health and Mental Honiene prior to burial contration or nemoral
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Trends of the physician.	de de comment and the burial-transit permit. Pages 1, 2, 3 should			
PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page to may be minimed by the	ificate has been signed by the attending physician and completely filled in by the funeral director page 5 show	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o	
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this ce	be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked,	

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_1	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I			IYGIENE IEG. NO.		
i	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
П	ROSALINE F. JON.					12	9	90	6.55 PM
		5. SEX 6. AG	E (In yrs. lest birthday	MONTHS DAYS	HOURS MIN.	7. DATE OF I (Month, De	ly, Ybar)	Count	**
-	212-34-5507	1						W YORK	
Dinection	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 1010 MEMORIAL HOSPITAL 1010 BALTIMORE 1010 BALTIMORE								
	00. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
5	MARYLAND BALTIMORE								LIMITS? 1 X YES 2 NO
4	10e. STREET AND NUMBER		10	. ZIP CODE	-	10g.	CITIZEN OF	WHAT COUNTRY?	
	3342 KESWICK	ROAD			2121	1		U	SA
LONGHAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (S	pecify Yes or No-	- 14. RAC	E American Indian, bk, White, atc.
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	DATES	1 🗆 YES	ecify Cuben, Mexica 2 X NO Specify	y:	11, 400-1	Spec		
	15. DECEDENT'S EDUC (Specify only highest grade of		(Give kind o	'S USUAL OCCUPATION work done during me	ON Isl of working	16b. KIN	ID OF BUSINESS	INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ine. Do NOI	use retired.)					
COMPL	12TH 17. FATHER'S NAME (First, Middle, Last)			HOUSEWIF	16. MOTHER'S NA	ME COLOR SALES			
	PATRICK KE						16)		
4	19e. INFORMANT'S NAME (Type/Print)	MINAIN	19b. MAILIN	IG ADDRESS (Street)		CASTI		Zin Codel	
2	TERRY JONES								
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometent, cremetery or 20c. LOCATION — City or Town, State								
	1 X Buriel 2 Cremetion 3 Remo	val from State	other place) MEADOWI	RIDGE MEM	ORIAL PA	RK	ELKRID	GE. M	ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	0		ND ADDRESS OF FA				
	> 11 /1/a	n Neits	- (h		LAN SEIT				
	23. PART I. Enter the diseases, or co	ompilcetions that can	sed the deeth. Do	not enter the mo	ROLAND	AVENUE	or respiratory	MD arrest.	21211
	shock, or heart fellure. Liet only one cause on each line.								
								Onset and Death	
	disease or condition								1 crays
	Chronic obstructive lung dispase Dus								
	If any, leeding to immediate								
3	CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):								
	that initiated events resulting in deeth) LAST	DOE TO (OH A	S A CONSECUENCE	OF):					
	d								
	PART II. Other eignificent conditions	contributing to death	h but not reaulting	g in the underlyin	g ceuse given in	Part I. 24	. WAS AN AUTOF PERFORMED?	PSY 24	b. WERE AUTOPSY FINDINGS
	Squanous CP	11 carcini	0-4 26	lung		1	YES 2 NO	,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL				,					1 TYES 2 NO
									73
Sicion	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)			
5	1 TYES 2 NO	1 inpetient 2 - ER/O	Outpetient 3 DOA	OTHER:	ne 5 🗆 Reeldence	6 Other (Sp	oecify)		
	27. MANNER OF DEATH 5 Pending	26a. DATE OF INJUF (Month, Day, Yea	7Y 28b. T	NJURY WO	JURY AT DRK?	28d. DESCRI	BE HOW INJURY	OCCURED	
	2 Accident Investigation				YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (5	Specify)	i, street, factory, offic	•		ON (Street and Nur own, State)	mber or Rural	Route Number,
COMPLETE	290. CERTIFIER								
	(Check only	CIAN: To the best of my kn							
5	2 MEDICAL EXAMINER		ition and/or investiga	tion, in my opinion, o	eath occured at the	time, date end	f place, and dua	to the cause	(e) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1001)		29c. LICENSE NUI	MBER	29d.	DATE SIGNE	D (Month, Day, Year)
	Kung Indi	my me						مار	7170
	30. NAME AND ADDRESS OF PERSON WHO	CONFLETED CAUSE OF	DEATH (ITEM 27) (Ty		-//	4.4	. 01-	~	21218
	WW IIVI II	111.11 4 1	PS V	- 1 - 3 / /		- CO 1	e 2117 1 -		
	31. DATE FILED (Month, Day, Year) FFR 1 9 100	32. REGISTRAN'S DI	CONTRIBE \$42 4	001 -	Unive	1111	PRW		0-12-10

BALTIMORE, MARYLAND

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital property.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 means to the funeral director, page 5 means to the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netiting at annea.
A	ECIL	IS all	11 2
OR.	DIR	hou	Her
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	1 - FOR STATE REGISTRAR	STATE OF MARYLANI		TMENT OF		MENTAL HYGII REG. 1		
	1. DECEDENTS NAME (First, Middle, Last) Dona.ld	JOSEPH K	ATOSKI			2. DATE OF DEATH MONSH	AS 199	3. THIME OF DEATH!
- 18	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs	. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	220-36-9233	1 € M 2 □ F 52	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year, 9-27-19	937	Maryland
æ	90. FACH TY NAME (I' not institution, give st NORTH ARUNDEL H	DSPTTAL		SP CITY TOWN	BURNIE DE	HTA	9c. COUNTY	OF COUNTY
5	RESIDENCE OF DECEDENT							
DIRECTOR	10s. STATE 10b. COUNTY Maryland Anne	e Arundel		r, town on Loc len Bur				16d. INSIDE CITY LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER	s ar ander	J G.		Of, ZIP CODE		I 10a CITIZEN	N OF WHAT COUNTRY?
FUNERAL	115 Linden H	Road			21061			S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S			ECENDENT OF HISPAN		Yes or No- 14	. RACE — American Indian, Black, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	X NO		specify Cuban, Maxica ES 2 NO Specify			Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		DECEDENT'S	USUAL OCCUPATION do retired.)	TION most of working	18b. KIND OF	BUSINESS/INDUS	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)			•			
MP	12th Grade		Fire	fighter		Fi	e Depar	rtment
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mail	den Surname)	
BE		atoski			Rose			
0	19a. INFORMANT'S NAME (Type/Print)				t and Number or Rural I			
	Barbara Katoski				Road Gle			
	20s. METHOD OF DISPOSITION 1 1 Burisl 2 Cremetion 3 Remo	oval from State oth	er place)		cometery, cremetory or orial Par		LOCATION - City	100000000000000000000000000000000000000
	21. SIGNATURE OF FUNERAL SERVICE LIC		ten na.		AND ADDRESS OF FA		ten burn	ie, Maryland
	· Jesome	Znamuou	rks-	Geo	rge J. Go	nce Funer		P.A. Md. 21225
	23. PART I. Enter the diseases, or o	pmplications that caused the	daath, Dp i					
	shock, or heart failure.	List only one cause on each			,,		-,,	interval Between Onset end Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Coron	Lary	ar	Leren	Dus	an	
	resulting in destri)	DUE TO (OR AS A CO	NSEQUENCE	F):				
Z	Commentative that any distance	· arther	in el	non	- 7			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE O	F):				
S	CAUSE (Disease or Injury	c. DUE TO (OR AS A CO	MECOLIENOE D	.				
Ë	that initieted events resulting in deeth) LAST	DUE TO (OR AS A CO	NSEQUENCE D	r):				
Ä		d			-			
	PART II. Other aignificant condition	e contributing to deeth but r	ot reaulting	In the underly	ing ceuee given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL		NA14.	0 1		0	1/	2 [] NO	COMPLETION OF CAUSE DF DEATH2
MEC	Verious	(very realize	real	lung	orcer	M		1 TYES 2 NO
		d			\			
ZIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	eck only one)		•
SIC	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie	N 3 0 DOA	OTHER: 4 Nursing H	oma 5 🗆 Realdance	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY — building, stc. (Specify)	At home, ferm,			281. LOCATION (Str City or Town, S	eet and Number or	Rural Route Number,
COMPLETED	4 Homicide determined	Bulland, etc. (Specify)				City or lown, 3	aro)	
PL	(Oriota Orin)	CIAN: To the best of my knowledg	e, death occur	ed at the time, d	ata and place, and dua	to the cause(a) and	manner as stated	
O	one) 2 MEDICAL EXAMINE	R: On the besis of examination an	d/or investigation	on, in my opinion	, death occured at the	time, data and place	, and due to the o	cause(s) and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	8 (1)	./V 1	Δ.	29c. LICENSE NUI	MBER C. /	29d. DATE S	SIGNED Month, Day Year)
TO B	14	IW W	XAIY	2m	1 1)0	1376	P 2	2/8/90
	30. NAME AND ADDRESS DEFERSON WA	O COMPLETED CAUSE OF DEATH	HITEM 27) (Type	Print)				

SUITE 205

Deviden Randess

GLEN BURNIE, MARYLAND

BALTIMORE, MARYLAND 21203

BOX 13146,

P.O.

OF VITAL RECORDS,

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marked, or FUNERAL DIRECTOR: After within 72 hours after death 28 is if item

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lasy)
FLORENCE TIME OF DEATH 2. DATE OF OEATH MONTH KEYS :30 FCB 1990 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In vrs. last birthday) JE UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH R RIETHPLACE (State or Foreign 215-14-578 DAYS HOURS 1 M 2 YRS Aug. 1908 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Home Itimore RESIDENCE OF DECEDEN 18c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Md 1timore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? St 001 21229 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 Secify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Black COMPLETED 15. OECEOENT'S EDUCATION (Specify only highest grade comple 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work do! life. Do NOT use retired Elementary/Secondary (0-12) College (1-4 or 5+) Worker 11+1 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) 0 ames BE 190. INFORMANT'S NAME (Typ 19b. MAILING ADDRESS (Street and Nur 2 ve. 29a METHOD OF DISPOSITION
1 Spuriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of carr 20c. LOCATION - City or Town, State PM Arundel ☐ Donation 6 ☐ Other (Specify) 21. SIGNATURE OF EMPERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart feliure. List only one cause on each line interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition PNEUMONIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSPOUENCE OF): if any, leading to immedista cause, Enter UNDERLYING CAUSE (Diasese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL 24e. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) OTHER 1 YES NO ntient 2 - ER/Outpatient 3 - DOA me 8 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED M 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t, LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 20a. CERTIFIER 1X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER

M

32. REGISTRA

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IGNATURE

BEATH (ITEM 27) (Type, Print)

LEVINTAVE

29d. DATE SIGNED (Month,

29c. LICENSE NUMBER

DHMH-16 Rev 1/89

notified at once.

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BALLIM	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funnel to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
20	urs after	in by the	edical
	8	filled ion, o	he m
, 0,	d with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furth be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executa	and co to burial	matic
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 9:26 Pm
	4. SOCIAL SECURITY NUMBER 3. SEX 4. AGE (IN YEL BIT DUTTURY) 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 4. AGE (IN YEL BIT DUTTURY) FINANCIATE DIATE HIDING MITH. 7. DATE OF BIRTH (Month, Day Year) FRANCISCUMITY) FRANCISCUMITY SERVING Country) FRANCISCUMITY SERVING COUNTRY) FRANCISCUMITY F
OR	The Process of the Country of Death Baltimore HD Saltimore City
DIRECTOR	106. STATE 106. COUNTY 106. CITY TOWN OR LOCATION 106. CITY TOWN OR LOCATION 107 YES 2 NO
FUNERAL	100. STREET AND NUMBER 4209 WOODMERE ARE 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 110. S. A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Mildowed 4 A Divorced 12. WAS DECEDENT EVER IN U.S. GRMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specifly Yes or No—If yes, specifly Guban, Maxican, Puerto Rican, etc.) 14. RACE — Americán Indian, Black, Whita, etc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specifly Yes or No—If yes, specifly Guban, Maxican, Puerto Rican, etc.) 16. RACE — Americán Indian, Black, Whita, etc. 17. YES 2 NO Specifly: Dank
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY St. Joseph Hosp
BE CON	17. FATHER'S NAME (First, Middle, Leet) Lewis N. Frisby; Sr. Jane E. Smith
TO E	Carrie MCNeil 4209 Woodmere Ave Butto. HD ZIZL
)	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other piece) Arbutus MAD 20c. LOCATION — City or Mown, State Arbutus MAD
	21. SIGNATURE OF TUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MAYCH F. H WEST H-300 Wabash Ave.
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (br as a consequence on:
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Due to (or Asia consequence of): Due to (or Asia consequence of): Due to (or Asia consequence of): Due to (or Asia consequence of): Due to (or Asia consequence of): d.
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Yes 2 No 24b. WER AUTOPSY PINDINGS AMAILBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 26a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Bural Route Number, City or Town, State)
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CHITIFIER (Some : How se-office D3) 174 29d. DATE SIGNED (Monthly Day, Year)
	Song GOL CHOL CHON, TID. Likely Hedical Center Bulto, MD
	31. DATE FILED (Month, Day, 1967) 32. REGISTROR'S SIGNATURE FEB 13 1990 Suta Davidson A

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DIVISION OF VITAL RECORDS, P.O. DOA 13149,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p
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			CERTIFIC	ATE OF I	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Les Marsh		ν	endall		2. DATE OF DEATH	AY YE	3. TIME OF DEATH 10:15PM
	4. SOCIAL SECURITY NUMBER				IF UNDER 24 HRS.	7 DATE OF BIRTH	8.6	BIRTHPLACE (State or Foreign
	220-96-0113	1 🖳 M 2 🗆 F 21	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-21-6	(Md.
_	9a. FACILITY NAME (If not institution, give		91		LOCATION OF DE		9c, COUNTY	OF DEATN
POT	University Hosp	ıtal		Baltı	more Ci	ty	L	· · · · · · · · · · · · · · · · · · ·
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY LIMITS?
	Md.		Ba	alto.				1 K YES 2 NO
RAI	100. STREET AND NUMBER 2404 Harlem A	ive.			21216		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECE	NDENT OF NISPAN	IC ORIGIN? (Specify Ye		RACE — American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			cify Cuben, Mexical 2 NO Specify	n, Puerto Ricen, etc.)		Black, White, atc. Specify: Black
EDE	15. DECEDENT'S E	DUCATION	16a. DECEDENT'S US	UAL OCCUPATION	N	18b. KIND OF BU	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	(Specify only highest gri	college (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most stired.)	t of working	122,700,000		
COMPL			Unemplo					
45	17. FATNER'S NAME (First, Middle, Last) Marchall	H.D. Kendall				ME (First, Middle, Maider		
BE	19a. INFORMANT'S NAME (Type/Print)	n.v. Kendall	19b. MAILING AD	ODRESS (Street and		istine Double Number, City or Tox		unch
임	Christine B. K	endall			Avenue.			21216
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Re	emoval from State	b. PLACE OF DISPOSITI	ON (Name of ceme		20c. L(CATION — City	
	4 Donation 5 Other (Specify)	LICENSEE	Baltimore		ADDRESS OF FA		alto.,	Md.
	21. SIGNATURE OF FUTERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4300 Wabash Avenue March F/H West							
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	4	ound to ab	odomen				Onset and De
	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	A CONSEQUENCE OF):					
ERTIFICATION	If any, leading to immediate cause. Entar UNDERLYING	c	A CONSEQUENCE OF):					
AL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	cDUE TO (OR AS		the underlying	cause given in			24b. WERE AUTOPSY FINDIN
AL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS		the underlying	cause given in		AMED?	24b. WERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS		the underlying	cause given in	PERFO	AMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR AS d. clions contributing to deeth				PERFO	AMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit	c. DUE TO (OR AS d. clions contributing to deeth	but not resulting in t	26. PL/	ACE OF DEATH (Ch	PERFO	AMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 \(\sum \) NO 27. MANNER OF DEATN	d	but not resulting in to	26. PL/ PTHER: Nursing Home	ACE OF DEATH (Ch	PERFO PERFO	RMED? 2 NO NO INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
AL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigated	DUE TO (OR AS d. HOSPITAL: 1 Inpetiant 2 Marvou 26a. DATE OF INJURY (Month, Day, Year) 27-90	tout not resulting in the state of the state	26. PLA PTHER: Nursing Home SF 28c. INJU Y WOR M 1 YI	ACE OF DEATH (Ch.) 5 - Residence JRY AT IK? ES 2 XXO	PERFORM VES BCk only one) B Other (Specify) 28d. DESCRIBE NOW Subject S	RMED? 2 NO INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	DUE TO (OR AS d. HOSPITAL: 1 Inpatiant 2 NERVOU 26a. DATE OF INJURY (Month, Day, Year) 27-90 28a. PLACE OF INJURY be building, etc. (So	tpetient 3 DOA 4 tpetient 3 DOA 4 28b. TIME C INJUR PM	26. PLA PTHER: Nursing Home SF 28c. INJU Y WOR M 1 YI	ACE OF DEATH (Ch.) 5 - Residence JRY AT IK? ES 2 XXO	PERFORMANCE OF THE PERFORMANCE O	RMED? 2 NO INJURY OCCUR Shot	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not detarmined.	DUE TO (OR AS d. HOSPITAL: 1 Inpatiant 2 NERVOU 26a. DATE OF INJURY (Month, Day, Year) 27-90 28a. PLACE OF INJURY be building, etc. (So	testient 3 DOA 4 testient 3 DOA 4 28b. TIME C INJUR PM TY — At home, farm, streecify) Sewledge, death occurred a	26. PLJ OTHER: Nursing Home Nursing Home Very 28c. INJU Very 400 Nursing Home Very 28c. INJU Very 300 Nursing Home Nursing	ACE OF DEATH (Ch. 5	PERFORM (Specify) 28d. DESCRIBE NOW Subject S 281, Location (Street 2 4 0	INJURY OCCUR Shot and Number or I	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? XXXX YES 2 NO RED Rural Route Number, treet, Baltim
COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not detarmined.	DUE TO (OR AS d. HOSPITAL: 1 Inpatiant 2 XXR/Ou 26a. DATE OF INJURY (MONTH, Day, Year) 2-7-90 28b. PLACE OF INJUR be building, etc. (Sp IYSICIAN: To the best of my kno	testient 3 DOA 4 testient 3 DOA 4 28b. TIME C INJUR PM TY — At home, farm, streecify) Sewledge, death occurred a	26. PLJ OTHER: Nursing Home Nursing Home Very 28c. INJU Very 400 Nursing Home Very 28c. INJU Very 300 Nursing Home Nursing	ACE OF DEATH (Ch. 1 5 Residence DRY AT RK? ES 2 XXO and place, end due seth occured at the 29c. LICENSE NUI	PERFO NEW YES B Other (Specify) 28d. DESCRIBE NOW SUBJECT S 28f. LOCATION (Street 2 4 00 Pres to the cause(e) and m. lime, data and place, a	INJURY OCCUR Shot and Number or I bury S anner as stated. Ind due to the ci	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? XXXX YES 2 NO Rural Route Number, Treet, Baltim Buse(a) and manner as stated IGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigated 3 Suicide 8 Could not detarmined 28. CESUIPIER 1 CERTIFYING PROPERTY OF STATE OF STA	DUE TO (OR AS d. HOSPITAL: 1 Inpatient 2 DEPLOY (Month, Day, Year) 28e. DATE OF INJURY (Month, Day, Year) 29e. PLACE OF INJURY be building, etc. (Sp IVSICIAN: To the best of my kno INNER: On the basia of axeminate	tpatient 3 DOA 4 28b. TIME C TINJUR TY — At home, farm, streedly) Swiedge, death occurred alon and/or investigation,	26. PLJ PTHER: Nursing Home Very M 1	ACE OF DEATH (Ch. 5	PERFO NEW YES B Other (Specify) 28d. DESCRIBE NOW SUBJECT S 28f. LOCATION (Street 2 4 00 Pres to the cause(e) and m. lime, data and place, a	INJURY OCCUR Shot and Number or I bury S anner as stated. Ind due to the ci	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXX YES 2 NO Record Number, treet, Baltim auso(a) and manner as stated
COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not determined	DUE TO (OR AS d. HOSPITAL: 1 Inpatient 2 DEP/Out (Month, Dey, Year) 28e. DATE OF INJURY (Month, Dey, Year) 29e. PLACE OF INJURY be building, etc. (Sp IVSICIAN: To the best of my kno INNER: On the basia of axeminate	tpatient 3 DOA 4 28b. TIME C INJUR PM 3Y — At home, farm, streedity) Solution and/or investigation,	26. PLJ PTHER: Nursing Home Nor Y M 1 Y Y Nor, factory, office Street at the time, date a in my opinion, de	ACE OF DEATH (Ch. 5 G Residence 187 AT 187 AT 187 AT 188 2 MO and place, end due onth occured at the 29c. LICENSE NUI	PERFO NEW YES B Other (Specify) 28d. DESCRIBE NOW SUBJECT S 28f. LOCATION (Street 2 4 00 Pres to the cause(e) and m. lime, data and place, a	INJURY OCCUR Shot and Number or I bury S anner se stated. and due to the ci	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXX YES 2 NO RED Rural Route Number, treet, Baltim ause(a) and menner as stated IGNED (Month, Day, Year) -8-90

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR		C	EKIIF	CALE	OF	DEAL	Н	R	EG. NO.			
ŀ	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF C	EATH DAY	,	YEAR	3. TIME OF OEATH
	Lola Kemp Kend	lall							Feb.	8		90	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1		IF UNDER		7. DATE OF B (Month, Day			8. BIRTH	PLACE (State or Foreign
1	216-32-3116	1 🗆 M 2 🗆 F	84	YRS.	MONTHS	ONTHS DAYS HOURS MIN. (MONTH, DB), TOBY, TOBY) Md. July 23/05 Md.							
	9e. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, T	OWN C	R LOCATIO	ON OF OE				NTY OF O	
4	St. Luke's Nursing				NT / A			- 1	Pal	+1-	no Countre		
K	RESIDENCE OF DECEDENT	Center					M/A				Baltimore County		
Ä	10e. STATE 10b. COUNTY	,		10c. CIT	r, town or	LOCAT							10d. INSIDE CITY LIMITS?
5	Md. Balt	imore					N	A					1 YES 2 1 NO
4	10e. STREET AND NUMBER					10f	ZIP CODE	E	·····		10g. CIT	ZEN OF W	THAT COUNTRY?
3	7600 Clays Lane	-Apt. 31	9-Baltin	nore.	Md.		2	1207	7	- 1		U.	S. A.
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMEO		S OEC	ENOENT O	F HISPAN	IIC ORIGIN? (S	ecify Yes	or No	14. RACE	American Indian,
F	1 Never Merried 2 A Merried	FORCES? 1 IF YES, GIVE V	YES 2 1	NO			2 NO		n, Puerto Rican	, etc.)		Spech	, White, etc.
ВУ	3 Widowed 4 Divorced	17 120, GIVE V	N/A		''		2 110	аресиј	N/	A		apeun	White
	16. DECEDENT'S EOU		16a, DI	CEDENT'S	USUAL OCC	UPATIO	N		16b. KIN	O OF BUS	INESS/INC	DUSTRY	
L	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	166	Do NOT us	vork done du ne retired.)	nng mo	St OF WORKIN	19					
립	N/A	N/A		Clerk					Mo	ntge	mery	War	d
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	ME (First, Middle	, Maiden S	Surname)		
Ш	Tillman H. Igle	hart						Laur	ra Belt	;			
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street a	nd Number	or Rural i	Route Number, C	ity or Town	, State, Zip	Code)	
2	Russell S. Kendal	1		7600	Clays	La	-Ap	t.	319-Bal	timo	re.	Md.	21207
	200. METHOO OF DISPOSITION 2-1	0-90	20b. PLACE	OF DISPOS	SITION (Nam							City or To	
	Buriel 2 Cremetion 3 Rem	ovel from State	other p	adon	Park	Cen	eter	·U		Bal	time	ore,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		20011	22. N	AME AP	O ADDRE	SS OF FA	CILITY				
					-	-			ore Nat		l Pi	ke	
	G. Truman S	chwab			E	alt	imor	e, l	Md. 212	229			
	23. PART I. Enter the disesses, or o shock, or heart failure.				not enter t	he mo	de of dy	ing, suc	h ss cardiac	or respin	ratory sr	rest,	Approximats interval Batween
	IMMEDIATE CAUSE (Final	List only one out	add on dudir in	••									Onset and Death
	disease or condition resulting in death) Bronchopneumonia week												
	OUE TO (OR AS A CONSEQUENCE OF):												
z	Sequentially list conditions,												
CERTIFICATION	If any, leading to immediate	OUE TO	(OR AS A CONSE	QUENCE O	F):								
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c											
트!	that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):								
E	resulting in death) LAST												
2	PART ii. Other algnificant condition	s contributing to	desth but not	resuiting	in the und	erlyin	g cause	given in	Part i. 24	, WAS AN	AUTOPSY	246	. WERE AUTOPSY FINOINGS
EDICAL	Multi-stroke			_			-	-		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
		ar cer re-	0010101		LCDLO	Vas	Cula	7 41	BCa 3 Cq	YES 2	№ NO		OF OEATH?
Σ									-				1 YES 2 NO
Z													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF C	DEATH (C)	neck anly one)				
YSI	1 TES 2 NO	1 - Inpatient 2			4 Nursi	ng Hon		esidence	6 Other (Sp				
표	27. MANNER OF OEATH 1 Netural 5 Pending	28e. OATE Of (Month, i		28b. TIN	JURY	WC	DRK?		28d, OEŞCRI	BE HOW II	NJURY OC	CUREO	
BY	2 Accident Investigation				М		YES 2	NO					
ED	3 Suicide 6 Could not be	28e. PLACE (OF INJURY — At h , etc. (Specify)	ome, farm,	street, facto	ry, offic	0			N (Street e	nd Numbe	or or Rural I	Route Number,
1	4 Homicide datermined												
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge, d	leath occur	ed at the tin	ne, date	end place	e, end du	to the cause(e	e) end mar	ner as st	nted.	
N	one) 2 MEDICAL EXAMINE	R: On the basic of	examination and/or	Investigation	on, in my op	inlon, d	leath occu	red at the	time, date and	place, en	d due to t	the cause(e) end manner as stated.
	29b. SIGNATURÉ ANO TITLE OF CERTIFIE	R	100				29c, LIC	ENSE NU	MBER		29d. DA	TE SIGNEC	(Month, Day, Year)
BE	aurence	1	0/1/2	DOM:	AAD	\	2.70	D 01	786		•		8/90
2	30. NAME AND ADDRESS OF PERSON WI		SE OF OEATH (IT	ÈN 27) (7y⊅	, Print)								
	Laurence R. Gal.		.D.	3455	Wilke	ns	Aven	ue B	Baltimo	re,	Md.	2122	9
	31. DATE FILES TEB 2 1 3 199	32 REGISTR	AR'S SIGNATURE		_								
1			- 11	7 40									

are a should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be retained by the hospital or attending physician. OHE, MARYLAND 21203-3146 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely nited in by the finer be filed within 72 hours after death with the State Dept. of Health and Mental Hygicine prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. 130X 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exam

be notified at once.

DHMH-16 Rev 1/89

	HEGISTHAH		C	ENTIF	ICAIL	· UF	DEAL	П	HE	G. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last)	THOM	AS A.	KAR	ABAIC	Н			2. DATE OF DI	RY DAY	9,199	3. TIME OF DEATH 11:10 A. M	
	4. SOCIAL SECURITY NUMBER 232-07-4495	5. SEX 1 🕅 M 2 🗌 F	6. AGE (In yrs. la 72	st birthday) YRS.	IF UNDER 1	1 YEAR DAYS	IF UNDER HOURS	24 HRS.	7. DATE OF BII	Noar) 19	917	a. BIRTNPLACE (State or Foreign Country) NEW YORK	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DEA	ATN .		9c. COU	NTY OF DEATN	
۳ ا	16 BEEHIVE PLACE	APT. E			Cod	CKEY	SVIL	LE			BA	LTIMORE	
E I	RESIDENCE OF DECEDENT												
DIRECTOR	MARYLAND BA	ALTIMORE			Y, TOWN OF							10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	ALTIFIORE		1 0	OCKEI							1 YES 2 XNO	
FUNERAL	16 BEEHIVE PLACE	APT. E					21030					S.A.	
ا ۾	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AI	RMED NO					C ORIGIN? (Sp., Puerto Ricen,		or No—	14. RACE — American Indian, Black, White, etc.	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	WW II					Specify:		,		Specify: WHITE	
	15. DECEDENT'S EDUC (Specify only highest grade		(0	Give kind of	USUAL OC	CUPATIO	ON st of workin	ıg	16b. KIND	OF BUS	INESS/IND	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 1.2	College (1-4 or 5+		n. Do NOT u	se retired.) ONTRA				DEPT	. OI	F DE	FENSE	
∑	17. FATNER'S NAME (First, Middle, Last)						16. MOTI	NER'S NAM	E (First, Middle,	, Maiden S	Sumame)		
BE C	ANTHONY KARABAI	CH					M.	ARY	VITKAY	7			
	19a. INFORMANT'S NAME (Type/Print)		. 11	Db. MAILING	ADDRESS	(Street a	nd Number	or Rural Ro	oute Number, Ch	ty or Town	, State, Zip	Code)	
2	DONALD KARABAICH			3302	TOGGE	ENBU	RG DI	RIVE,	FINKS	BURG	, MD	. 21048	
	20s. METHOD OF DISPOSITION 1 Y Burisi 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	CRES	of dispo	SITION (Nar.	me of cer ETER	netery, crem Y	natory or			OCATION — City or Town, Stata RRIOTTSVILLE, MD.		
	21. SIGNATURE OF FUNERAL SESSORE LIC	CENSEE		-				SS OF FAC					
	Russe	een)	- ZA	E								E FUNERAL HOMES SVILLE, MD.21228	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
E		d											
EDICAL	PART II, Other aignificant condition	a contributing to	death but not	resulting	in the un	derlyin	g cause (given in F	Part i. 24s.	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음				-					_ 10	YES 2	□ NO	OF DEATH?	
ME									_			1 YES 2 NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТИЕВ		LACE OF D	EATN (Che	ck only one)		,		
Š	1 YES 2 NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA	4 Nurs		10 5 🗆 Re	esidenca 8	a Gother (Spe	ocity)	lone	-	
Y PHYSICIAN:	27. MANNER OF-DEATN 1 Metural 5 Pending Investigation	28s. DATE OF (Month, De		28b. Til	ME OF JURY	28c. IN. WC	URY AT ORK? YES 2	NO	28d. DEȘCRIB	E NOW IN	JURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	28s. PLACE Of building,	F INJURY — At hetc. (Specify)	ome, farm,	street, facto	ory, offic	4		261. LOCATION City or You	N (Street a	nd Numbe	or or Rural Route Number,	
E													
COMPLETED	(Check only one) 2 MEDICAL EXAMINE											ited. he cause(s) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	MA					29c. LICI	ENSE NUM			29d. DA	TE SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHERE A SAFERSA	ID COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Typ	o, Print) ARN	NF/	PI	4		וחדו/	U-1	4 × 2/120	
	31. DATE FILED (Moorth, Day, Year)	2 REGISTRA	R'S SIGNATURE	delle	1//	1	, , ,	1/	111	101	, /	10 -1120	
	249/140J33U	The same											

3. TIME OF OEATH 7-30A M

10d. INSIDE CITY

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

0

Va

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

DIRECTOR

FUNERAL

BY

COMPLETED

2

Ħ BE notified

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examiner

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traumatic event,

other 1

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shows any

23

marked, or

28 Is 1

After death

FUNERAL DIRECTOR: within 72 hours after

TO THE FUNERAL DIRECTO be filed within 72 hours af IMPORTANT: If Item 21

CERTIFICATION

MEDICAL

BY

COMPLETED

BE

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burtal-transit

use as the

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ched

the funeral director.

hospital or attending physician.

ND 21203-3146

BALTIMORE,

1046 OLD NORTH PT.NURSING HOME 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 Specify:

21224

14. RACE — American Indian, Black, While, etc. Black

(Specify only highest grade completed) Elementary/Secondary (0-12)

1 Never Merried 2 Merried

3 Widowed 4 Divorced

16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) College (1-4 or 5+) Domestic

16b KIND OF BUSINESS/INDUSTRY

Home

17. FATHER'S NAME (First, Middle, Last) tephen

B. Beasley

18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary C. Johnson

19e. INFORMANT'S NAME (Type/Print)

15. DECEDENT'S EDUCATION

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4818 Aberdeen Ave.

22. NAME AND ADDRESS OF FACILITY

Balto., Md. 21206 20c. LOCATION - City or Town, State

James D. Lewis

20e. METHOD OF DISPOSITION
1 Surisl 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Mt. Calvary

Balto., Md. 21225

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

James a. Moton 23. PART i. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,

shock, or heart fallure. List only one cause on each line.

James A. Morton & Sons 1701 Laurens St. Balto.

21222 Md. Approximate

IMMEDIATE CAUSE (Finel disease or condition resulting in death)

1	N	1	2	0	1	1	0	1	1	1	A
	OUE	то	(OR	AS	A C	ONS	EOUI	ENCE	Of):	

PNEUMONIA

interval Between **Onset and Death** WKS

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

OUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.

24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO

1	
ı	HOSPITAL:
ı	1 Inpatient 2 E

R/Outpatient 3 DOA 28b. TIME OF

26. PLACE OF OEATH (Check only one) OTHER:
4 | Nursing Home | 5 | Residence | 8 | Other (Specify)

28d. DESCRIBE HOW INJURY OCCURED

27 MANNER OF DEATH 1 Natural

4 🔲 Homicide

5 Pending 2 Accident Investigation 3 Sulcide

28e. DATE OF INJURY (Month, Day, Year)

28c. INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER Wazem A NOZEMI

29c. LICENSE NUMBER 01732 29d, DATE SIGNED (Month, Day, Year) 0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A. NAZEMI

CHURCH HOSPITAL

31. DATE FILED (Month, Day, Year) FEB 1 3 1990 Lilia Devideon Randall.

DHMH-18 Rev 1/89

BOX 13146, DIVISION OF VITAL RECORDS, DR ATTENDING PHYSICIAN: The HOSPITAL THE F

filled in by has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, executed within certificate be Jaw I this certificate h

BE

2

						90	0322				
	FOR 1 - STATE	STATE OF MARYLAND / DE									
_	REGISTRAR	CER	TIFICATE OF	DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lav.	Latiner			2. DATE OF DEATH DAY	YEAR	TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 5. AGE (In yrs. last birth	hday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		ICE (State or Foreign				
	216-09-7588	1 M 2 F 8/ Y	RS. MONTHS DAYS	HOURS MIN.	5-30-08	MARY	YT.AND				
	9a. FACILITY NAME A not institution give st	reet and number)	96, CITY, TOWN	OR LOCATION OF DE		C. COUNTY OF DEATH	Н				
TOR	RESIDENCE/OF DECEDENT	NAME	15A	10		1241+	0 1				
DIRECTOR	10e. STATE 10b. COUNTY	100	c. CITY, TOWN OR LOCA	TION		100	d. INSIDE CITY				
_	MARYLAND		BALTIMO	RE CITY		13	YES 2 NO				
3AL	10e. STREET AND NUMBER		10	f. ZIP CODE	1	0g. CITIZEN OF WHAT	COUNTRY?				
FUNERAL	3803 WOODRIDGE			21229		USA					
F	11. MARITAL STATUS 1 Merried 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 TO IF YES, GIVE WAR OR DATES	If yes, s	pecify Cuben, Maxicer			American Indian, hite, etc.				
ВУ	3 Widowed 4 Divorced	IF TES, GIVE WAN ON DATES	1 1 1	3 2 X NO Specify		Specify:	131K.				
LED	15. DECEDENT'S EDUC (Specify only highest grade	completed) (Give kir	ENT'S USUAL OCCUPATI	ON ost of working	18b. KIND OF BUSINI	ESS/INDUSTRY					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	NOT use retired.)								
COMPLET	17. FATHER'S NAME (First, Middle, Last)		ean 3+	1007	ME (First, Middle, Maiden Sur		_				
	GEORGE GANTT				MAE GANT	,					
BE (19a INFORMANT'S NAME (Resultation)										
10	MILDRED SMITH	i 380	03 WOODR	IDGE RD.	: BALTIMO	RE, MD	21229				
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo	20b. PLACE OF D other place)	DISPOSITION (Name of ce	metery, crematory or	20c. LOCAT	TION — City or Town,					
	4 Donetion 5 Other (Specify)	ARBUTU		ND ADDRESS OF FAC		IMORE,	MARYLAND				
	The service by		1 11		ZETT & SON	FUNERA	T. HOME				
	Teray	V. Mal	4600	LIBERT	Y HEIGHTS	AVENUE					
	shock, or heart fallure. I	omplications that caused the death. List only one cause on each line.	Do not antar the me	oda of dying, auci	h aa cardiac or reapirat	ory arreat,	Approximate Interval Between				
	IMMEDIATE CAUSE (Final disease or condition	1. V	- D.				Onset and Death				
	resulting in death)	DUE TO (OR AS A CONSEQUEN	ICE OF):	unon	, 20 Than						
z		Mental	DETUN	Lation	20 Than						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUEN	ICE OF):	0							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A CONSEQUEN	eedin	1 60	514:17-	ſ					
Ë	that initiated events resulting in deeth) LAST	E SO ON A	NCE OF):	- n	151						
CE		. 23077.00	ATT								
Ä	PART II. Other algnificant condition	a contributing to deeth but not reaul	Iting in the underlyin	ng cause given in	Part I. 24s. WAS AN AU PERFORME	D? AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO				
Ö	sich colling	YMY - WI	- HY	NO NACE	1 YES 2		MPLETION OF CAUSE DEATH?				
PHYSICIAN: MEDICAL	the styla	n-17 - 1757	has	-1100		1[YES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL		28. F	PLACE OF GEATH (Che	eck only one)						
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 D	OTHER:	me 5 🗆 Reeldence	8 Other (Specify)						
PHY	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED										
ВУ	1 Natural 5 Pending 2 Accident investigation	tion M 1 YES 2 NO									
0	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. PLACE OF INJURY — At home, 1 building, etc. (Specify)	term, street, factory, offi	treet, factory, office 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)							
COMPLETE	29e. CERTIFIER	CANA TARAN AND AND AND AND AND AND AND AND AND A									
MP	(Check only	CIAN: To the best of my knowledge, death on the best of examination end/or investigation.					d menner as stated.				
00			pott,		p-ece, and c	(0) 617					

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, 29st. DATE SIGNED (Month, Day, Year)

3 SE OF DEATH (ITEM 27) /3/00. 5200 226 2

James Andrew FB1 3 1990

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 miles be detached to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral difference is a fined within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	THE GIOTTIVIT												
	1. DECEDENT'S NAME (First, Middle, Last)	111							2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH	
	Daniel Leo Lo								Febru			·	
		5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRT (Month, Day, Ye	nr)	Cour		
	216-32-9000	1 XM 2 - F	54	YRS.					Jan.4		_	ewJersey	
~	9a. FACILITY NAME (If not institution, give s	treet and number)						ON OF DEA	NTH		9c. COUNTY OF DEATH		
2	9 Caleta Place					Mido	lle R	iver			Balt:	im oa e	
E C	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN C	OR LOCA	TION					10d. INSIDE CITY	
DIRECTOR	Florida				P	aris	sh					LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER					_	f. ZIP COD	E		10g. C	ITIZEN OF	WHAT COUNTRY?	
FUNERAL	9707 28th Stre				3	9219			Usa	a			
3	11. MARITAL STATUS	IT EVER IN U.S. AR				ENDENT (OF HISPANI	C ORIGIN? (Spec		- 14. RAG	CE — American Indian, ck, White, atc.		
ВУ Е	1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 1	40				Specify:	, Puerto Rican, el	L)	Spe	White	
			100 100									White	
COMPLETED	15. DECEDENT'S EQU: (Specify only highest grade		/G	CEDENT'S ive kind of a	work done	ccupati during me	ON ost of working	ng	16b. KIND C	F BUSINESS/	INOUSTRY		
길	Elementary/Secondary (0-12)	College (1-4 or 5 2yr.	+)	eld.		ico	Engi	noor	St	veethe	art (Cup	
N N	17. FATHER'S NAME (First, Middle, Last)	۵yı.	17.1	eiu	Serv.	ice	T		AE (First, Middle, A	aldea Cuman			
		r.							nen Pa		")		
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street	_		oute Number, City		Zio Code)		
5	Sue Long								st PAri			35219	
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO						c. LOCATION			
	1 Buriel 2 Tornation 3 Ram 4 Donation 5 Other (Specify)	oval from State	Metr	o Cr	emate	orv	Inc.			Balti	more	MAryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	_			_		SS OF FAC	LITY				
Connelly Funual Home Connelly Funeral Home 300MAceAve.									Ave.21221				
23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory at shock, or heart fellura. List only one cause on each line.											arrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel	Elst only one car			_							Onset and Death	
	disease or condition												
	QUE TO (OR AS A CONSEQUENCE OF):												
NO.	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	ouse. Enter UNDERLYING												
FIC	CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF):												
FH	resulting in death) LAST												
CE		u.											
AL	PART II. Other significent condition	t resulting in the underlying cause given in F						AS AN AUTOP:	SY 24	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDICAL			1					ES 2 NO		COMPLETION OF CAUSE OF DEATH?			
ME									_	,		1 TYES 3 NO	
Ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF (DEATH (Che	ick only one)				
ΥS	1 VES 2 NO	1 Inpatient 2	☐ ER/Outpatient :	28b. Til			no 5X R JURY AT	esidence	6 Other (Special Control of the Cont		OCCUPEO.		
	1 Natural 5 Pending		Day, Year)		JURY M	W	ORK?	¬ MO	280. UEŞCHIBE	TOW INJURY	OCCUREO		
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e, PLACE	OF INJURY — At h	ome, ferm.	street, fac				26f, LOCATION (Street and Nun	ber or Rum	I Route Number.	
ED.	4 Homicide determined	building	, etc. (Specify)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town			,	
LEI	29a. CERTIFIER	MAN. To the head o	4 144				9541						
COMPLETED	(Check only one) 2 MEDICAL EXAMINI											e(a) and menner as stated.	
CO				- 2					100				
BE											2/90		
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)												
	GII PARK AVE	Br	ILTIMORE	MCE		212	101				Š		
	31. DATE FILED (1997) 3 1990 32. RECISTRAR'S SIGNATURE PROPERTY OF THE SUIT STATE OF												

be notified at once.

is

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	negithar Settli IOATE ST DEATH NEG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH NONTH DAY YEAR 3. TIME OF DEATH C.
	CONCETTA 600(70 1-50 6 1990 1:50 M
	MONTHS DAYS HOURS MIN. (Month, Dey, Year) Country)
	000 2013 700 1 100
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH
5	HAMILTON NURSING HOME BALTIMORE
5	RESIDENCE OF DECEDENT
뷛	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
5	1) PARYLAND BALTIMORE INO
ا ہے	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
È	2713 CHESTEY AVE. 21224 12.5.A.
FUNERAL DIRECTOR	
2	1 Never Marriad 2 Marriad FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, atc.)
ā	3 Wildowed 4 Diverced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:
	Two All 2
ш	15. OECEOENT'S EOUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
4	Elementary/Secondary (0-12) College (1-4 or 5+)
<u> </u>	3 MOH TA
COMPLEIED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
	GASTAGO LILA
M H	19s. INFORMANT'S NAME (NpaPrint) 19s. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zio Code)
2	FAMILY RECORDS SAME AS ABOUT
	THE PLANTS OF PROPERTY OF THE PLANTS OF THE
	20s, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetory, cremetory or other place) 20c. LOCATION — City or Town, State
	4 Donation 5 Other (Specify) JOLY RED ES MER DALTO. 110.
	21. SIGNATURE-OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	EVANS CHAPEL OF TEMORIES 8500 HARFORD ROAD - PARKVILLE
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate
	shock, or heart feiture. List only one cause on each line.
	IMMEDIATE CAUSE (Finel
	disease or condition SEPSIS
	DUE TO (OR AS A CONSEQUENCE OF):
,	ENEUMOPIA AND
HILCALION	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):
<u> </u>	cause. Enter UNDERLYING
ž	CAUSE (Disease or injury that initisted events Due TO (OR AS A CONSEQUENCE OF):
₹	resulting in deeth) LAST
	d.
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
DICAL	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
ב ב	1 TYES 2 NO OF DEATH?
Σ	1 U YES 2 NO
Z	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER
HYSICIAN:	HOSPITAL: 1 YES 2 NO 1 Inpettent 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
Ē	27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, 19ar) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY
7	1 Netural 5 Pending M 1 YES 2 NO
B	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,
9	3 Suicide 6 Could not be building, atc. (Specify) City or Town, State)
ii.	
COMPLETED	29s. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
S O	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
	296. SIGNATURE AND 19TLE OF CERTIFIER 296. DATE SIGNED (Month, Day, Year)
BE	Horand 13 John M.D 71680 DECR DINGS
9	701879
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH OTEM 27 (Type Print)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	DR. HOWARD B. COHED 6717 PARK HEIGHTS AVE -BALTO, MO.

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1		-	FOR STATE REGIS					
	1.	D	OF AFN	'S NAME	(First,	Middle,	Last)	ä

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAN SELITIFICATE OF BEATTY REG. NO.								
	1. DECEMPT'S NAME (First, Middle, Last) ANNIE MAE 2. DATE OF DEATH MONTH OF OF 232 P M								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR WONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Bay, Year) (Month, Bay, Year) (Month, Bay, Year) (Month, Bay, Year) (Month, Bay, Year) (Month, Bay, Year) (Month, Bay, Year) (Month, Bay, Year) (Month, Bay, Year) (Month, Bay, Year)								
HO.	96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 97. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 96. COUNTY OF DEATH 1 97. COUNTY OF DEATH 1 98. COUN								
DIMECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1) YES 2 \(\subsetence \text{NO} \)								
UNEHAL	13618 BIENHEIM ROAD 101. ZIP CODE 2/131 USA								
2	11. MARITAL STATUS 1								
ארבו בט	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) DO MESTAC								
BE COM	17. FATHER'S NAME (First, Middle, Last) BUICKIEY, SR. REBECCA AND HOWARD								
0	19a. INFORMANT'S NAME (Type-Print) CHACLES Whims, SR. 13618 BIENHEIM READ PREDNIX, TD								
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetory, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State								
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 1 490 / McCello. CHATMAN-HALRIS F.H. BOHAM.E. HE								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death Due TO (OR AS A CONSEQUENCE OF):								
HILCALION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):								
2	PART II. Other significant conditions contributing to death but not resulting in the underlying cause gives in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
MEDICA	HiSTORY Of CONSOSTIVE DECLT TOLLER 1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? A DESCRIPTION OF DEATH (Check only one)								
PHYSICIAN:	1 VES 2 NO 1 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY (Morith, Dey, Year) 28. TIME OF INJURY WORK? 1. Netural 5 Pending 28. DATE OF INJURY (Morith, Dey, Year) M 1 VES 2 NO								
TED BY	2 Accident Investigation 3 Suicide S Could not be detarmined Suicide, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete) 28l. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.								
TO BE C	296. SIGNATURE AND TITLE OF CHILFIER 290. LICENSE NUMBER 29d. DATE SIGNED (Month). Day, Year) 27 9 9								
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED QUISE OF DEATH (ITEM 27) (Type, Prign) 300 E. JOPA Rd., TOWSKI, Ad.								
	FFB 13 1000 Submitted (Month, Day, Year) 32. REGISTRAR'S SIGNATURE								

physician. burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hours of the confliction has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

												91	0	03225
	FOR STATE REGISTRAR	STATE OF N	MARYLAND / CE				EALTH DEAT		MENTAL	HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH DAY		YEAR	3. TI	ME OF DEATH
	EDWARD	Bernard	M	ILLS					2	3		90	1:	32 P M
	4. SOCIAL SECURITY NUMBER	5. \$EX	8. AGE (In yrs. less	t birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH				E (State or Foreign
	216-20-8299	1 1 M 2 F	M 2 F 62 YRS. MONTHS DAYS				HOURS	MIN.	(Month, Day, Year) Country, 5-28-1927 Mar					and
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH					1/2		NTY OF	- <u>J</u>	
۳ ا	1327 S. Charle	s Street				Bal	timo	re C	itv			====	=	
5	RESIDENCE OF DECEDENT												T	
DIRECTOR	10s. STATE 10b. COUNT	Υ				OR LOCAT								INSIDE CITY LIMITS?
	LIGHT A TOTAL	====		Balt:	imore								YES 2 NO	
3AL	10s. STREET AND NUMBER					101	ZIP CODE							COUNTRY?
jij	1327 S. Charles Street 21230 U.S.A.													
5	The street and number								merican Indian, Ita, etc.					
Β¥	IF YES, GIVE WAR OR DATES 1 ☐ YES 2 🔀 NO Specify: Specify:									hite				
									Hite					
	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5	(Gi	ive kind of Do NOT u	work done	during mo	st of workin	9						
<u> </u>	8th Grade	Comage (1-4 or 5		Soldi	er					Army				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Mi	ddle, Maiden	Surname)			
	Edward B.	Mills					A	gnes	s P	(eCau)	lv			
BE	19a. INFORMANT'S NAME (Type/Print)		194	b. MAILING	ADDRES	S (Street a				r, City or Yowr		p Code)		
일	Dolores Bluefo	rd		8034	Ft.	Sma.	lwoo	d Ro	nad I	Raltin	ore	Ma	rw]	and 21226
	20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPO						20c. LO	ATION -	City or	Town, S	itate
	1 X Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from State	Md. S	ice) State	Vet	erar	s Ce	mete	rv	Cro	wns	/ill	e.	Maryland
	21, SIGNATURE OF FUNERAL SERVICE L	CENSEE		1	22	NAME AN	ID ADDRES	SE OF FA	CHITY					
	1/m 2	13		-1						meral				0.00=
	23. PART i. Enter the diseases, or	complications the	t caused the de	eth Do	-								<u>a.</u>	21225 Approximate
	shock, or heart fellure				not onto	THE INC	ue or uy	ing, suc	ir es carar	oc or respi	atory of	roet,	l	Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	~ .			٠.								l	Onset and Destin
	resulting in death)	a. Carcin	OMA OI			S								
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RTIFICATION	Sequentially list conditions,	b. DUE TO	(OR AS A CONSE	QUENCE O	F):									
¥	if any, leeding to immediate couse. Enter UNDERLYING												ļ	
ᄩ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE C	F):									
E	resulting in deeth) LAST	d.												
2	DADT II Osh a should seek see dista		death had as		la Aba a			-1 1	Don't I		4117777777		1	T ALTONOV PINIONIOS
EDICAL	PART il. Other algnificant condition	ns contributing to	deeth but not i	esuiting	m the u	nuerrym	g ceuse ;	Siven in	Part I.	24a. WAS AN PERFOR		1	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE
ă			-						- 1	1 YES 2	₩ NO			DEATH?
M									_	INSPE	ηΩ Tur	J	1 [YES 2 NO
Ϊÿ										111011	<u> </u>	`		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	neck only one)				
1 XYES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5X Residence 6 Other (Specify)								_						
PHY	27. MANNER OF DEATH XXX Natural 5 Pending	28a. DATE Of (Month, i	F INJURY Day, Year)	28b. TH	AE OF JURY	WC	DRK?		28d. DE\$0	CRIBE HOW I	NJURY O	CURED		
B	2 Accident investigation				М		YES 2	NO.						_
03	3 Suicide 6 Could not be		OF INJURY — At he , etc. (Specify)	ome, farm,	street, fe	ctory, offic				TION (Street in Town, State)		er or Aura	I Route	Number,
	4 Homicide determined													
COMPLET	Check only	SICIAN: To the best o	f my knowledge, de	eath occur	red at the	tima, date	and place	, and due	to the caus	e(a) and mar	voer na st	ated.		
8	one) XX MEDICAL EXAMIN	IER: On the basis of	examination and/or	Investigati	on, In my	opinion, e	leath occu	red at the	time, data	and place, an	d due to	the cause	e(a) and	manner as stated.
ш	296. SIGNATURE AND TITLE OF GERTIFE	ER C					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGN	ED (Moi	nth, Day, Year)
0	OV	2						OCM	E			2-4	1-9()
エドド	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	ISE OF OFATH (ITE	M 27) (Tan	o Print)									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.,

Assistant

32. REGISTRAR'S SIGNATURE

James Kaplan,

31. DATE FILEO (Month, Day, Year)

FEB1 31990

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111 Penn Street, Baltimore, MD 21201

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	3	SE	P,
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ined .	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Pay	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral and be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examines
	6	E	100
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	2	23	E

1 - STATE REGISTRAR	STATE UF M	ARYLAND /		ICATE				MENTA	AL HYGIEN REG. NO.	E		
1. DECEOENT'S NAME (First, Middle, Last) BERTHA	pus	MASON						DE PART	FOF BEATH 1	9909	YEAR L	040 AM
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	(Mor	E OF BIRTH oth, Day, Year)		Country)	
071/10/6170 9s. FACILITY NAME (If not institution, give s		77	rns.	9b. CITY	, TOWN C	R LOCATIO	ON OF DE		il 24,	9c. COU	NTY OF DEA	
NORTH ARUNDEL HOS	PITAL			GLE	N BU	RNIE				A.A	. COU	NTY
10e. STATE 10b. COUNT				Y, TOWN (0d. INSIDE CITY LIMITS?
Maryland Anne	Arundel			Glen		nie . zip copi	5			10g. CIT		☐ YES ३/1 NO AT COUNTRY?
716 Washington Ave	E . I 12. WAS DECEDENT	FIRE BLUE AM	1450	140		21061					USA	
1 Never Married XX Married 3 Widowed 4 Divorced		YES XXN			If yes, sp		n, Mexics	in, Puerto	IN? (Specify Yea Rican, etc.)	or No-		- American Indian, White, etc. White
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	(Gi	ve kind of Do NOT u	USUAL O work done se retired.)	during mo	st of workin	g		b. KIND OF BUS			
12 :	XXXXXXX	Ass	semb.	ler	(re		TER'B NA	_	Westin		se	
UNKNOWN 194. INFORMANT'S NAME (Type/Frint)			opus		0 /Street o	and Alumbar		NKNO	OWN nber, City or Tow	n Plata Ti	Codel	
Roy T. MASON									uluth,			
20a. METHOD OF DISPOSITION 1	noval from State	20b. PLACE of other pie	ICe)	sition (M						cation – n Bur	City or Town	n, State MD
21. SIGNATURE OF PUNERAL SERVICE LI	SEE	0101	1 114			O ADDRE		CILITY	ore	i Dui	nie	HD
- Allhille									1 Home Glen B			21061
23. PART I. Enter the diseases, or shock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one course.	se on each line.							e meer			Approximate interval Between Oneet and Des
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	OR AS A CONSEC	DUENCE O	F):	ov	ari	an	- CO	ncer			2 years
PART II. Other significant condition		death but not n	- /	in the un		g ceuse (given in	Part i.	24a. WAS AN PERFOR	MED?	1	VERE AUTOPSY FINOING
Sever	Epis		-	,					1 TYES 2	NO		OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HØSPITAL:	FR/Outpetlant 3	□ BOA	OTHE	R:	ACE OF O			one) ner (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF (Month, De	INJURY	26b. TIA		28c. INJ WC				ESCRIBE HOW I	NJURY OC	CUREO	
2 Accident Investigation 3 Buicide 8 Could not be determined	28e. PLACE Of building,	F INJURY At he etc. (Specify)	me, ferm,	atreet, fac					CATION (Street by or Town, State)	and Numbe	r or Rural Ro	ute Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ICIAN: To the best of ER: On the basis of ex											and marking as stated.
29b. SHOMATURE AND TITLE OF TERTIFIE	-14	1		h.o	>,	Die Lici	20	мвен 43	Ŋ	29d. DAT		Month, Day, Year)
30. NAME AND AUDRESS OF PERSON WILLIAMS S. HSU, M.D.		SPITAL D			TE 2	30	GLEN	BU	RNIE, M	ARYL	AND 2	1061
31. DATE FILED MONTH, Day, Year 1990 FEB 13 1990		SIGNA PARTO		,								

The state of the s

w attending physician.	w use as the burial-transit permit. Pages 1, 2, 3 should	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be relained by the hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be certain the find within 72 hours after death with the State Debt, of Health and Mental Hydene prior to burial, cremation, or removal.	or Item 23 shows any Injury, or other traumatic event, the m

							9	0 03227
	1 - STATE REGISTRAR	STATE OF MARYLAND C		MENT OF H		MENTAL HYGIEN		
	1. OECEDENT'S NAME (First, Middle, Last)		Y				AY YE	3. TIME OF DEATH
	EDWARDC, M	SEX 6. AGE (In yrs. In					9	
	212-162878	18M2□F 67	YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give street HARROR HOS RESIDENCE OF DECEDENT	PITAL	ľ	_	ALTIM		9c. COUNTY	SA
DIRECTOR	10a. STATE 10b. COUNTY Maryland			10WN OR LOCATI	700	lto.City	.Md.	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1809 Bel	t St.			ZIP CODE 21230			OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	P. WAS OECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2XC IF YES, GIVE WAR OR DATES		If yes, spe		IC ORIGIN? (Specify Ye n, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specific White
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elameniary/Secondary (0-12) OTh Grade	npleted) (Give kind of wor fe. Do NOT use i		N It of working	16b. KIND OF BU		Inc.
COMP	17. FATHER'S NAME (First, Middle, Last) Peter		Waenn	rmaker		Tydir ME (First, Middle, Maider erine		nch,Lorenz. Kahl
TO BE	190. INFORMANT'S NAME (Type/Print) Mrs.Doris G. Maen:	1	9b. MAILING A	DDRESS (Street as	nd Number or Rural R	oute Number, City or To		
	28m; METHOD OF DISPOSITION	20b. PLAC	E OF DISPOSIT		etery, crematory or		OCATION — City	or Town, State
	1 Donation Cremation 3 Removal	from State other		Hill C	emeterv	. A.	A.Co.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AN	D ADDRESS OF FAC	CILITY		lto.Md.21230 E.Fort Ave.
	23. PART I. Enter the diseases, or com- shock, or heart fellure. List IMMEDIATE CAUSE (Finel	polications that caused the c t only one chuse on each lie	leath. Do no ne.	t enter the mod	de of dyling, such	n es cerdiec or resp	olratory errest	Approximate Interval Between Onset and Death
	disease or condition resulting in death) a	DUE TO (OR AS A CONS	EQUENCE OF):	hud	7	Spsin.		
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONS	EQUENCE OF):	CA	of Ric	lum_		
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):					
	PART II. Other significent conditions of	contributing to death but not	resuiting in	the underlying	cause given in		RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL						-		1 TES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PL	ACE OF OEATH (Che	eck only one)		
IYSI	1 YES 2 NO 1	Inpatient 2 ER/Outpatient 26s. DATE OF INJURY		I ☐ Nursing Hom	e 5 Residence	6 Other (Specify) 28d. OESCRIBE HOW	IN ILIBA UCCIIB	En
BY Ph	1 Netural 5 Pending Investigation	(Month, Day, Year)	INJUI	FTY WO	RK?	200. VESCRIBE NOW	INJURY OCCUR	EU
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, str	eet, factory, office		26f. LOCATION (Street City or Town, State	end Number or (Rural Route Number,
COMPLETED	one)	N: To the best of my knowledge, On the basis of examination and/o						nuse(e) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	-			29c. LICENSE NUN	IBER	29d. DATE SI	SNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (TO	OSP.	Print)				116
	FEBA 31990 - 42	32. REGISTRAR'S SIGNATURE	r.					

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U THE MUSTIAL DR ATTENDING PRINCIPLY THE TAW TEQUIES DIST, DISTORDED WITHIN THE TOTAL STIEL DESCRIPTION OF THE TOTAL STIEL DRAWS. PAGE OF THE TOTAL STIEL DRAWS.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determent		uspoppant: is team 28 to marked or item 23 shows any injury or other traumatic event the medical available at secul
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	ly fille	ation,	the
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ברתובה	nd con	burial,	affe a
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HIGS DI	signed	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ure an
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	1 - FOR STATE OF MA			ENT OF H		MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEAT	Н		3, TIME OF DEATH
	LARRY B.	MAI	-tin1	IR	,	MONTH OZ	DAY	YEAR 90	5:42.0H
		AGE (In yrs. last birt	thday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		0. BIRTI	IPLACE (State or Foreign
	225-36-1915 DH2 OF	57	YRS. MONT	THS DAYS	HOURS MIN.	06-09	- 32	Count	ginia
	Sa. FACILITY NAME (If not institution, give street and number)		9b.	CITY, TOWN O	R LOCATION OF DE		_	UNTY OF C	
DIRECTOR	Bon Secour Hospital				.City,N				
Ĕ.	10a. STATE 10b. COUNTY	10	De. CITY, TO	WN OR LOCAT	ION		4 2-2		10d. INSIDE CITY
5	Maryland		Ral.	to.Ci	ty, Md				LIMITS?
	10e. STREET AND NUMBER				ZIP CODE		10g. Cl	TIZEN OF Y	WHAT COUNTRY?
ER/	143 E.Cross St.				21230)		USA	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT E				ENDENT OF HISPAN	IC ORIGIN? (Specif	y Yea or No-	14. RACI	E — American Indian,
	1 Never Married 2 Married FORCES? 15 YES, GIVE WAR	YES 2 NO			2 X NO Specify		.)	Spec	k, White, etc.
В	3 Wildowed 4 Divorced Kore	ean			- Grand				" White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OECED	ENT'S USU	AL OCCUPATIO	N el of working	16b. KIND OI	BUSINESS/IN	IDUSTRY	
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do	NOT use reti	ed.)	it of working				
MPI	7th.Grade	Ca:	rpen	ter		Beas	ley F	ound	lation
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Me	iden Sumame)		
BE (Larry B.	Martin	,Sr.		Lenabe	211	_	Lov	rell
	19a, INFORMANT'S NAME (Type/Print)	100			nd Number or Rural F				
2	Mrs.Wanda C.Martin	1	43 E	.Cros	s St.Ba	lto.Md	.2123	0	
	20a. METHOD OF DISPOSITION X S Burlal 2 □ Cremation 3 □ Removal from State	20b. PLACE OF	DISPOSITIO	N (Name of cen	netery, crematory or	20	LOCATION -	- City or To	own, State
	4 Donation 6 Other (Specify)	Cedar	Hil	l Cem	etery		A.A.C	o.Mc	i.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ID ADDRESS OF FAC	CILITY	Ral+a	MA	21230
	Daniel O. nacla	1		McCu	lly Fur				E.Fort Ave
	23. PART i. Enter the diseases, or complications that c ahock, or heart fellure. List only one cause	eused the deeth on each line.	. Do not e					-	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	3.15							Onset and Death
		R AS A CONSEQUE	NCE OF):						21/64
Z	Sequentisily list conditions, b.	u lai	lecc	1_					7 quello
CERTIFICATION	if sny, lesding to immediate cause. Enter UNDERLYING	R AS A CONSEQUE	MCE OF	1 11					Inne Odora
5	CAUSE (Disesse or Injury C.	R AS A CONSEQUE	T CELE	m					100000
	that initiated events resulting in death) LAST	AS A COMBEQUE	MUE OF E		0	0			1214200
斯 l	d. CAMDAIC	ONSWAL	ruce	ne	livery	direc	re		leur
AL C	PART II. Other significent conditions contributing to de	eath but not resu	iting in th	e underlying	cause given/in		S AN AUTOPS	Y 248	. WERE AUTOPSY FINDINGS
2						PE	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
딢						1	4		OF DEATH?
2						188	EDG		1 123 1 2 10
A	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)	-		
Sic	EXAMINER? 1 VES 2 NO 1 Impetient 2 E	R/Outnotient 3 🗆		HER:	e 5 🗆 Residence		· h		
PHYSICIAN: MEDIC	27. MANNED OF DEATH 26s. OATE OF IN	JURY 20	6b. TIME OF	26c. INJ		26d. OESCRISE H		CCURED	
	1 Natural 6 Pending (Month, Day,	Year)	INJURY	WO	RK? (ES 2 NO	260,007,000,00	-121147		
BY	2 Accident Investigation 3 Suicide & Could and be 28e. PLACE OF I	NJURY — At home,	ferm, street			26f. LOCATION (S	treet and Numb	er or Rural	Route Number
COMPLETED	3 Suicide 6 Could not be building, etc	c. (Specify)		Proper		City or Town,		alle de	
9	29a. CERTIFIER								
MP	(Check only								
8		mination and of the	A	my opinion, a			a, and dua to	the cause(a) and manner as stated.
BE	2018 SIGNATURE 850 TYTUE OF GENTIFIER	Medced	Cheou	the	29c. LICENSE NUM		29d. D/	ATE SIGNES	(Month, Day, Year)
0	Mally Fine	, , ,	0			320		270	07-0
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27	7) (Type, Prin	2	10 11	OSDITA	1	A	ALTIMONE
	DR MORK IEUINE	1501	0 00	cou	NCZ IA	W1-110	1	171	4011ami-
	THE PARTY PARTY TOWN THE THE PARTY THE THE PARTY THE THE PARTY THE THE PARTY	ROMATURE							

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he hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

urs after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

S Could not be determined

TUBE AND TITLE OF CERTIFIER

XXXIIIatural

2 Accident

3 Sulcide

4 Homicide

BE COMPLETED BY

2

										90	0322) (
	FOR 1 STATE	STATE OF				HEALTH AND	MENTA	L HYGIEN	E			
	REGISTRAR		Cl	ERTIF	ICATE O	DEATH		REG. NO.		_		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE MONT	OF DEATH	W YI	EAR 3.	TIME OF DEATH	
	J	OHN	\supset	MARS	HALL	<u></u>	2	-11-90			1:40PM	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	at birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH th, Day, Year)	8.	BIRTHPL/ Country)	NCE (State or Foreign	
	217-05-1627	1-M 2 - F	18	YRS.	- CATTO	noons min.	11-	5-191	1	h	rd	
	9e. FACILITY NAME (If not institution, give s				9b. CITY, TOWN	OR LOCATION OF	EATH	_	9c. COUNTY	OF DEAT	Н	
8	1839 Bolton Stre	et			Balt	cimore Ci	.ty		l			
اق	RESIDENCE OF DECEDENT			I in an				-				_
DIRECTOR	10e. STATE 10b. COUNT	T		8	13 . M	ore C	of a			- 1	d. INSIDE CITY LIMITS? VES 2 NO	
FUNERAL	100. STREET AND NUMBER	tox	A.			OF, ZIP CODE	7	8	10g. CITIZEN	OF WHA	T COUNTRY?	
<u>z</u>	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AF			CENDENT OF HISP			or No.— 14.	RACE -	American Indien,	_
	1 Never Married 2 Merried		WAR OR DATES	NO		specify Cuban, Mexic S 2 4 NO Spec		Ricen, etc.)		Black, W Specifys	hite, etc.	
B≺	3 Widowed 4 Divorced	W.	N. II	**			,		٩	51	wik	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)			S USUAL OCCUPAT work done duding i		161	. KIND OF BU	SINESS/INDUS	TRY	g:	
9	Elementery/Secondary (0-12)	College (1-4 or 5		. Do NOT u	ise retired.)		1	79	0+	0		
₽ F	12		0	14	2000	er		Key	义 1	84	Bite	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	VV 4	0 0	1	-	18 MOTHER'S N	AME (First,	Middle, Maiden	Sumeme)			
BE (Charles	IVVIDA	Shall	1		WB	CU					
10 B	190. INFORMANT'S NAME (Type/Print)	()	19	b. MAILING	G ADDRESS (Stree	t and Number or Rura	Floute Nam	ber, City or Tow	n, State, Zip Co	de)		
F	Klew m	n 2 le	1 3	120	2 /1	4 -Sho/	~	Smile	a W	رځ		
	20e. METHOD OF DISPOSITION 1: Burlel 2 Cremation 3 Rem	noval from State	20b. PLACE	OF DISPO	SITION (Name of	cemetery, crematory or	1 in	20c. LO	CATION — City	or Town,	State 4 /	
	4 Donation 5 Other (Specify)		Gur	15	ind-fo	nrest l	14.	00	borle	Wi	n, m3	フ
	21. SIGNATURE OF TUNERAL SERVICE LI	CENSEE	0.		22, NAME	AND ADDRESS OF F	ACILITY	11	1			
	1 /2. 1PC	und	1		112	12 1	Wes	All K	he			
	25. PART i. Enter the diseases, or	complications th	et caused the de	eath. Do	not enter the n	node of dving, su	ch ae cer	diec or reep	iratory erreel	t.	Approximate	
	shock, or heart failure.					or a fing, or		u		,	intervai Betwe	
	IMMEDIATE CAUSE (Finel disease or condition	Carci	noma N	OS							Onset and De	IKN
	resulting in death)	8			ND.						-	
		DUE IC	O (OR AS A CONSE	OUENCE (л -):						i	
O	Sequentielly liet conditions,	b	OR AS A CONSE	OHENCE C	MEN.						1	
AT	if any, leeding to immediate cause. Enter UNDERLYING	002.7	7 (011 NO X 00110E	OOLITOL (,						İ	
J.	CAUSE (Disease or injury	c. DUE 77	OR AS A CONSE	OUENCE C	OFI:						1	
Ē	that initiated events resulting in death) LAST		(,							
CERTIFICATION		d									+	
	PART II. Other eignificant condition	ns contributing to	o death but not	resulting	in the underly	ing cause given i	n Part I.	24s, WAS AN PERFOI			ERE AUTOPSY FINDIN	GS
S								1 TYES X		CC	OMPLETION OF CAUSE F DEATH?	
										1	YES XXXIO	
4								INSPEC	CTION			
A	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	Check only o	one)				_
SIC	EXAMINER? XIXXYES 2 \(\square\) NO	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHER:	ome XXIIIasidence	8 🗆 Oth	er (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE O	F INJURY	28b. TH		NJURY AT	7	SCRIBE HOW	NJURY OCCUP	RED		_
Δ.	VIVIA	(Month,	Day, Year)	I IN	MURT	WORK?	10.0					

OSPITAL: Inpatient 2 ER/Outpatient 3	DOA	OTHE 4 Nu		8 Other (Specify)
28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF JURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED

27. MANNER OF DEATH 26a. PLACE OF INJURY — At hor building, etc. (Specify)

1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

94. CERTIFIER: (Chack only	1 🗌	EFTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated.
one		

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44	AME	AND	ADD	麗	98	OF	PERSON	WHO	COMPL	ETED	CAUSE	OF.	DEATH	(ITEM	27)	/Tune	Print)

2-12-90

29d. DATE SIGNED (Month, Day, Year)

30. JAMES KAPLAN,MD

111

Penn Street, Baltimore, MD 21201

29c. LICENSE NUMBER

OCME

DHMH-16 Rev 1/89

VC

3. TIME OF DEATN

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Baltimore MAryland

Approximata interval Batween Onset and Death

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 TES 2 NO

29d. DATE SIGNED /M/

WA

LN

COMPLETION OF CAUSE

White

1 YES 2 NO

8. BIRTHPLACE (State or Foreign Country)

00

& M

YEAR

1990

9c. COUNTY OF DEATH

Baltimore

10g, CITIZEN OF WHAT COUNTRY?

USA

Specify

REG NO

2. DATE OF DEATH MONTH DAY

February

7. DATE OF BIRTH (Month, Day, Year

	8		
and the second of the second o	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should wasterned by the attending physician and completely filled in by the funeral director, page 5 should wasterned by the attending physician and completely filled in by the funeral director.		
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DING FITTSHOWN, THE SAW JOHN TO STATE THE VOIDS OF THE SAME STATES AND STATES	te ha	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 2703-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Pages 1, 2, 3 should

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)
John William

Murphy

6. AGE (In yrs. lest birthday)

5. SEX

1

4. SOCIAL SECURITY NUMBER 211-09-4856 1 😡 M 2 🗆 F 74 June 29 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 7725 Fairgreen Road Dundalk RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY Md. Baltimore Dundalk 10e. STREET AND NUMBER 101, ZIP CODE FUNERAL 7725 Fairgreen Road 21222 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) FORCES? 1 VES 2
IF YES, GIVE WAR OR DATES
45-46 1 Never Married 2 Marrie 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8th Self-employed Contracting 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Patrick Murphy Pauline Davis BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 2 PatriciaBenner 377 Gulfcrest Drive Convers Georgia 28c. LOCATION - City or Town, Stata 20b. PLACE OF DISPOSITION (Name of cometery cremetory or Garrison Forest Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY ConnellyFuneralHome 300MAceAve. 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): 0 i asen CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatiant 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 1 Residence 6 ☐ Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATN 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO B Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) THE HOSPITAL CO. THE FUNERAL DIRECTOR: Aff the filed within 72 hours after dr 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicida 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as attated. (Check only one) 2 腬 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. BIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE Doguty 28 0 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type 30 NAME AND ADDRESS OF KULWANT

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31. DATE FILED (Month, Pay, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

DNMN-18 Rev 1/89

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	1 - STATE REGISTRAR A.K.A.J	STATE OF MEAN E. McC	MARYLAND /	DEPAF ERTIF	ICATE	OF H	DEAT	AND I	MENTAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las		J.				[GAL		2. DATE MONTE	0F DEATH	AY	YEAR	3. TIME OF DEATH 6:30PM M
	4. SOCIAL SECURITY NUMBER 213-40-0108	5. SEX 1 M 2 X F	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month) FEB.	DER BIRTH 28,19	941	Country	PLACE (State or Foreign) YLAND
N.	90. FACILITY NAME (If not institution, given 14 N. BERNICE	,					LMOYE		ATH			NTY OF DE	АТН
5	RESIDENCE OF DECEDENT												
DIRECTOR	10a. STATE 10b. COUI	ITY		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
- 1	MARYLAND -				BAI	LTIM							1 X YES 2 NO
3AL	10e. STREET AND NUMBER					10f	. ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	14 N BERNICE A	VENUE 12. WAS DECEDEN					2122					U.S.	
BY	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	1.77	If yes, spi		n, Mexice	n, Puerio F	? (Specify Yes Ricen, etc.)	or No—	14. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gra		16e. DE	ECEDENT'S	USUAL O	CCUPATIO	ON at of workin	a	18b.	KIND OF BUS	BINESS/ING	DUSTRY	
	Elementary/Secondery (0-12)	College (1-4 or 5	+) Hfe	. Do NOT u	se retired.)		or or worten						
MP	2		OF	FICE	WORK	<				SOCIA		CURIT	Y
8	17. FATHER'B NAME (First, Middle, Lest)									Aiddle, Maiden			
BE										V. La			
5	19a. INFORMANT'S NAME (Type/Print) MRS. ALMA BAKER									ON, City or Town		,	MD. 21229
	20a, METHOD OF DISPOSITION 1 \(\text{N} \) Buriel 2 \(\text{D} \) Cremetion 3 \(\text{D} \) Re		20b. PLACE	OF DISPO								City or Tox	
	4 Donetion 5 Other (Specify)	moval from State	PROVI	DENC	E CEN	1ETE	RY			FINI	KSBUF	RG, M	ARYLAND
	21. SIGNATURE OF FUNERAL-SERVICE	LICENSEE					ND ADDRE						
	Muse	een)	- The	-	1.4	SROY	M. 8	RUS	SSELL	C. W	ITZKE	FUN	ERAL HOMES
	23. PART I. Enter the diseases, o	or complications the	it ce ssed the de	eath. Do	not enter	the mo	de of dy	ng, auc	h aa card	llac or reap	ratory ar	reat,	Approximate
	ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)	ASPIRATION			VIENIS	S COM	PLICAT	ING S	SCHIZO	PHRENIA	A		Interval Between Onset and Death
z		DUE TO	(OR AS A CONSE	OUENCE C	OF):								
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE C	F):								
CERTIFICATION	CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE C	F):								
	PART II. Other significant condit	lone contributing to	death but not	regulting	In the w	nderivin	0.00000	dyen in	Part I	24a. WAS AN	Allmosv	246	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					iii tile ui	inderry in	9 00000			PERFOR	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF 0	EATH (Ch	eck only or	10)			
Sic	15 XES 2 □ NO	HOSPITAL:	ER/Outpetient	3 DOA	4 Nu		10 5XX	eldence	8 🗆 Othe	r (Specify)			
E	27. MANNER OF OEATH	28a. OATE OF (Month, D		28b. TII	JURY	28c. INJ WC	URY AT		28d. DES	CRIBE HOW I	NJURY OC	CURED	
BY	1 Naturel 5 Pending 2 Accident Investigation	on 2-7-90		6:0	0pmM	1 🗆	YES 2	NO	SUB	JECT A	SPIR	ATED	FOOD
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COMPLETED	conel willy	IYSICIAN: To the best of								se(e) end ma			TO CALLED JA VIEW
ő	2 X MEDICAL EXAM	INER: On the basis of e	examination end/or	Investigati	on, In my	opinion, d	leath occu	red at the	time, date	end place, er	nd due to t	he ceuse(e	and menner ee stated.
86	296. SIGNATURE NO LITLE OF CERTS	/NER						CME	MBER		29d, DA		(Month, Day, Year) 8-90
٥	JAMES KAPLAN		ISE OF DEATH (IT			enn s	Stree	et,B	altir	nore,M	D 21	201	VC
	FEB 13 1990		AR'S SIGNATURE	De.									
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medical examiner must be notified at once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificals is a children and the conficulty of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and company of	Communication of the	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	DENT'S NAME (First, Middle, Last)	- 00	0.0			2. DATE OF DEATH MONTH	3. TIME OF DEATH		
	MARY "	1. 1'1A	RTIA			F18. 9	DAY YEAR	3.15 H M	
4. SOCIA	L SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bit			7. DATE OF BIRTH	6. BIRT	INPLACE (State or Foreign	
Alc	30 1470	1 ☐ M 2-5€F	416	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	ROS Pour	MOSYLVANIA	
IIIL FACIL	.ITY NAME (If not institution, give a	street and number)	Home	9b. CITY,	TOWN OR LOCATION OF E		9c. COUNTY OF	DEATH	
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RESIDI	ENCE OF DECEDENT	1.0.1.	1101211	GIIF	JUIN INF		DHA	ILIGHE	
RESIDIO 10a. STAT	TE 10b. COUNT	Υ	1	DC. CITY, TOWN OF	R LOCATION			10d. INSIDE CITY LIMITS?	
5 MAG	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT CO								
17									
17 13 WYCLIFFE AVE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 14. RAC 11. Merver Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 14. RAC 14. RAC 15. Biec 16. Biec 17. Biec 18. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— 14. RAC 18. Biec 18. Biec 19							CE — American Indian,		
1 Nev	ver Married 2 Married		YES 2 NO	H	yes, specify Cuban, Maxic	an, Puerto Rican, etc.)	Bla	ck, White, etc.	
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3	15. DECEDENT'S EDU	CATION		ENT'S USUAL OC		16b. KIND OF B	USINESS/INDUSTRY		
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4				PTT J	smot	:			
Eleme	ER'S NAME (First, Middle, Last)	-			18. MOTNER'S N	AME (First, Middle, Maide	en Surname)		
	HARLES	(1) H	VILZI		MAC	DALSO	DA B	Lum	
19a. INFO	PRMANT'S NAME (Type/Print)		19b. M	AILING ADDRESS	(Street and Number or Rura	Route Number, City or R	own, State, Zip Code)		
2 5	AMILY RS	COROS	5	AMS	AL AG	SNO			
	NOD OF DISPOSITION		20b. PLACE OF	DISPOSITION (Nan	me of cemetery, crematory or	20c. I	LOCATION City or	Town, State	
	tel 2 Cremation 3 Remarks tellon 6 Other (Specify)	noval from Stata	Other place	Bot	H.LI	I Y	ick P	.00	
	ATURE OF FOREBAL SERVICE LE	CENSEE	111000	22. N	NAME AND ADDRESS OF F	ACILITY	2500 14		
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	Charles 4	1 com	1	3	335 706	K KOAC		mula	
23. PAR	T I. Entar the diseases, or shock, or heart failure.	Complications the	it ceused tha deeth use on each line.	. Do not enter	the mode of dying, su	ch as cardiec or res	piratory srrest,	Approximats Interval Between	
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disease or condition Chairman and The authorized in Mornday Miles							117	Onset and Death	
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TO THE HOSPITAL OR ALL ENDING PRINCIPAL THE LAW PEQUIPES THAT THE DEATH CELLINGAIE DE EXECUTEU WITH 124 TRUITS ATER DEATH. PAGE 6 THAT DE TELLINGAI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
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WILLIAM	npletely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H			YGIENE EG. NO.		00200	
	1. DECEDENT'S NAME (First, Middle, Last) CATHERWE ELIZA BETH	CEDENT'S NAME (First, Middle, Lest) CATHERINI HEKWE ELIZABETH NICHOLLS					DEATH 2/9/	90	TIME OF DEATH 6:35 AM	
BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 220-07-5643	1 - M 2 X F 68	In yrs. last birthday) Res.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	AUGUS	T 16,19	On Country)	ARYLAND	
		8a. FACILITY NAME (if not institution, give street and number) ST. AGNES HOSPITAL				9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE				
	10a. STATE 10b. COUNTY MARYLAND BALTIMORE			10c. CITY, TOWN OR LOCATION BALTIMORE				10d. INSIDE C LIMITS? 1 Tyes 2		
	100. STREET AND NUMBER 5659 CALYN ROAD			101. ZIP CODE 2.1.2.2.8				U.S.A.	AT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES			ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (S						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of v ille. Do NOT us	USUAL OCCUPATI vork done during mo e retired.)	ON sat of working		D OF BUSINESS/	INDUSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) JOHN DEGAN				ELIZAE	BETH T	Middle, Malden Surname) T. NOON			
2	19a. INFORMANT'S NAME (Type/Print) RONALD M. NICHOLLS	S			W ROAD, S				21784	
	20a. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	PLACE OF DISPOSE OF CATHE	E OF DISPOSITION (Name of cemetery, cremetory or CATHEDRAL CEMETERY			29c. LOCATION — City or Town, Stata BALTIMORE, MARYLAND				
	21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228									
7		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition Austract to Dung CD (Sine II) Cell CD							Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS PEF						I. WAS AN AUTOP! PERFORMED? YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1									
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26b. TIM	E OF 26c. IN	Y WORK?			OCCURED			
8	3 Suicide 6 Could not be 4 Homicide determined	— At home, farm, soffy)	me, farm, street, factory, office 28f.			8f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER CHOOLINGSHIPE		29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year) 2/9/90				
	30. NAME AND ADDRESS OF PERSON WHO CHOI, WAN HE	ST.	AGNES HO	SPITAL,	BALTIMORE	E, MD.				
31. DATE FILE EB. 13 1990 July David Sent Tandar										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examination.

	1 - FOR STATE OF MARYLAND / DEPARTMENT (CERTIFICATE CERTIFICATE		ENTAL HYGIENE REG. NO.	90 03234					
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH H. NOE! Sr.	DATE OF DEATH MONTH DAY	90 1210 AM						
	019-10 3637 10M2 LF 63 YRS.	EAR IF UNDER 24 HRS. 7. AYB HOURS MIN.	DATE OF BIRTH (Month, Pay, War)	BIRTHPLACE (State or Foreign Country) A RY A CO					
TOR	9a. FACILITY NAME (If not Institution, give street and number) 9b. CITT TO RESIDENCE OF DECEDENT	TIMOIE	9c. 0	ODINTY, OF DEATH					
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR		10d. INSIDE CITY LIMITS?						
	MARYLAND WORCESTER OCEAN TOO. STREET AND NUMBER		1 TES 2 NO						
FUNERAL	101 OYSTER LANS	101. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?					
O.	11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 13. WAS	DECENDENT OF HISPANIC	ORIOIN? (Specify Yea or No-	- 14. RACE — American Indian, Black, White, etc.					
BY F	IF YES, GIVE WAR OR DATES	yes 2 NO Specify:	Puerto Hican, etc.)	Specify:					
0	15. OECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCC		16b. KIND OF BUSINESS						
	(Specify only highest grade completed) (Give kind of work done dun life. Do NOT use retired.) College (1-4 or 5 +)	ng most of working	FURRITU	IRL DESIGN					
COMPLET	17. FATHER'S NAME (First, Mildin, Lest)	Les Mozureus Maris	STUDIOS	ITOC.					
	HARRY NOSL	18. MOTHER'S NAME	(First, Middle, Melden Surner	ORFE					
) BE		treet and Number or Rural Rou	te Number, City or Town, State	, Zip Code)					
10	FAMILY RECORDS SAME	AS AB	SVO						
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name visite place)	of cemetery, cremetory or	20c LOCATION	- City or Town, State					
1 3	4 Donation 5 Other (Specify) OR ARK TARK III. 10.								
-	22. NAME AND ADDRESS OF FACILITY EVANS CHAPEL OF CHIMES								
	23. PART I. Enter the diseases, or complications that caused the daeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate								
m, we men	shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. UnControlled Sepsis								
	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate								
	CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
RT	that initiated events resulting in desth) LAST								
3	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
CAL	adem CA of Colon PERFORMED? MAILABLE PRIC COMPLETION O								
VED VED	SIP AAA								
AN: MEDIC									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
HYS	27. MANNER OF BEATH 284. DATE OF INJURY 28b. TIME OF 20	g Home 5 - Residence 6 c. INJURY AT 2	Other (Specify) 8d. DESCRIBE HOW INJURY	OCCURED					
ВУ Р	1 Natural 5 Pending (Month, Day, Year) INJURY	WORK?							
	A ccident investigation 3 Suicide 4 Homicide Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
BE COM	29c. LICENSE NUMBER 29d. DATE SIGNED (Morath, Day, Year)								
임	30 Maint and address of Person who completed cause of Death (ITEM 27) (Type, Print)	misms	5	00 0/-70					
	JAMES VICTOR TREMAROLI, M.D.	- 22 So.	greene St	. Baltimne					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		U	/					
	FER1 3,1990 Julia Devidon Marious								

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY LIMITS?

Maryland

3. TIME OF DEATH 10:00a

DHMH-18 Rev 1/89

2. DATE OF DEATHOZ-11-90
MONTH DAY YEAR
02 11 95

03

7. DATE OF BIRTH 03

03.

02

Balto, MO Baltimore Country of DEATH Baltimore COUNTY OF DEATH

FOR STATE REGISTRAR

HOMAS

4. 2012 _ 03-87

Maryland

1. DECEDENT'S NAME (First, Middle, Last) Thomas Francis O'Connor THOMAK F. OCONNOR

5. SEX

10b. COUNTY

1 M 2 - F

1 -

DIRECTOR

BY FUNERAL DIF	ă	Maryland		Bal	.timo:	re				1 X YES 2 N	10
	ERAL	1515 Argonne Drive			101. ZIP CODE 21218			109. CITIZEN OF WHAT COUNTRY? USA			
	- 1	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Divorced	N U.S. ARMED 2 XXNO DATES	U.S. ARMED 13. WAS DECENDENT OF HISPANIC CO 17 yes, specify Cuban, Maxican, Pu			ORIGIN? (Specify Yea or No. 14, RAC		- American Indian White, etc.		
	Œ	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)		FION most of working	16b. K	IND OF BUSINESS	/INDUSTRY		
COMPLETED	MPLE	Elementary/Secondary (0-12) 12th	Banker				Banking				
	BE CO	17. FATHER'S NAME (First, Middle, Last) Matthew John 0			Matil		de Melden Surnan da Reis				
	TO B	19e. INFORMANT'S NAME (Type/Print) Patricia A. Huber		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Z 4917 Orchard Drive, Ellicott					, MD 2	10	
must be	•	20e. METHOD OF DISPOSITION 1		b. PLACE OF DISPOSIT	TION (Name of			20c. LOCATION — City or Town, State			
or removal. medical examiner must be notified.		George E.	- /		22. NAME	and address of far nation S cimore, I	OK ITY	ty of N	aryla	ınd	
ental Hygiene prior to burial, cremation, iry, or other traumatic event, the	MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feiture. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	a. Bleed DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d.	A CONSEQUENCE OF):	olomn	naf an	Pert I. 2		PSY 24b.	Approximation of the company of the	tween Death
2 6	SICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:					1 YES 2 No	0			
2 6	BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. I	NJURY AT WORK? YES 2 NO		Specify) RIBE HOW INJURY	JURY OCCURED		
28 I	딢	3 Suicide 8 Could not be 4 Homicide datermined	Y — At home, farm, str soffy)				CATION (Street and Number or Rural Route Number, or Town, State)				
filed within 72 hours IPORTANT: If Item BE COMPLE	_	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner se stated.								sted.	
	H	29b. SIGNATURE AND TITLE OF CERTIFIE		29c. LICENSE NUMBER			R 29d. DATE SIGNED (Month, ▶ 02. 1/1				
	10	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, F	Print)						
		31. DATE FILEDITE BOY 103 199	10 State and sind	NATUR							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

IF UNDER 24 HRS.

CONNOR

8. AGE (In yrs. lest-pigtpdey)

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BALTIMORE, MARYLAND 2120

transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Juns after death. Page 6 may be retained by the hospital.	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and commercial by the funeral director, page 5 should be detached in a	be filed writin 72 nous arise ceast with the State cept, or regain and mental righers prior to variety, or entropy, or other traumatic event, the medical examiner must be notified at once, IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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F	8	be fined writin 22 nous after cean with the State Debt. Or header any mental rygiens prior to buries, demander, or removal, iMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical ex
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31. DATE FILL D (Month, DATE)

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND	MENTAL HYGIE		90 0323	
		rek			2. DATE OF DEATH	3 9	S. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218-16-1176	5. SEX 6. AGE (In yrs. less	YRS. IF UNDE	PR 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month Day, Year) 9-12-0		BIRTHPLACE (State or Foreign Country) Md.	
OR	9a. FACILITY NAME (If not institution, give str Liberty Med. Cer	October 1911 Control of the Control		ry, town on Location of D Balto.	EATH	9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Md .		Balto				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	3612 Sequoia Aver	nue		101. ZIP CODE 21215		10g. CITIZEF	N OF WHAT COUNTRY? A	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 YES IF YES, GIVE WAR OR DATES	MED 13	MAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Specif	an, Puerto Rican, etc.)		. RACE — American Indian, Black, White, stc. Specify: B I a C K	
COMPLETED	18. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondery (0-12)	completed) (GI	CEDENT'S USUAL ive kind of work done . Do NOT use retired.	e during most of working	16b. KIND OF I	BUSINESS/INDUS	TRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Samuel M. Peck	<			nelia Tho	omas		
5								
20e. METHOD OF DISPOSITION 1X] Burlel 2 Cremetion 3 Removal from State 4 Denation 6 Other (Specify) Bullet Removal from State New Cathedral Cem. 20c. Location - City or Town, State New Cathedral Cem. Baltimore, Md.							1111	
	21. SIGNATURE OF FUNERAL SERVICE LICE		22	4300 Wabash Baltimore, M	Avenue		c,	
		omplications that caused the de list only one cause on each line		er the mode of dying, su	ch as cardiac or re	apiratory arrea	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsis					Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTIO	OUENCE OF):	Ler poligi	^		30d	
MEDICAL	PART II. Other significant conditions	contributing to death but not r	resulting in the	underlying cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	28. PLACE OF DEATH (C	heck only one)			
Y PHYSICIAN:	1 YES 2 DEO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Sinpatient 2 ER/Outpatient 3 26e. DATE OF INJURY (Month, Dey, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUI	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	actory, office	281. LOCATION (Stree City or Town, Str		Rural Route Number,	
COMPLETED	one)	CIAN: To the best of my knowledge, de R: On the basis of examination and/or						
TO BE C	296. SICNATURE AND TITLE OF CERTIFIER	il no		29c. LICENSE NO	JMBER 782	29d. DATE \$	SIGNED (Month, Day, Year)	

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DHMH-16 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO	D.	
	1, DECEDENT'S NAME (First, Middle, Last)	PO	EHLMAN,			2. OATE OF OEATH	DAY 90YEA	3. TIME OF OEATH 0417 AM M
	4. SOCIAL SECURITY NUMBER 5. SEC. 1 X 1	6. AGE (In)	78. last birthday) 85 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 24,	Co	RTHPLACE (State or Foreign buntry) Maryland
OR	98. FACILITY NAME (If not institution, give street and NOR'TH ARUNDEL HOSPIT)			GLEN B	OR LOCATION OF DE JRNIE	EATH	A.A.	DE DEATH COUNTY
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY
		rundel				idena		1 YES 2 XXVO
FUNERAL	8094 Main Creek				1. ZIP CODE 2112		Unite	of what country? ed States
ВХ	1 Never Married 2 XXMarried FO	AS DECEDENT EVER IN U RCES? 1 1 YES YES, GIVE WAR OR DATE	2 NO	ti yes, s		ilC ORIGIN? (Specify Yon, Puarto Rican, etc.) /:		ACE — American Indian, Black, White, etc. Specify: White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	90)	(Give kind of w	USUAL OCCUPATI		16b. KIND OF BI	USINESS/INDUSTR	TY .
COMPLETED	Elamentary/Secondary (0-12) College	ge (1-4 or 5+)	Ille. Do NOT us Su	perviso	r	S	hip Yard	1
BE CO	17. FATHER'S NAME (First, Middle, Last) Frederick	Po	ehlman		16. MOTHER'S NA Annie	ME (First, Middle, Malde	n Sumame)	Mabers
TO B	19a. INFORMANT'S NAME (Type/Print) Mary M. Poehlman					Route Number, City or To		21122
	20a. METHOD OF DISPOSITION 1 □ Burlai 2X XCremation 3 □ Removal fro	20b. P			metery, crematory or		OCATION City of	
	4 Donation 5 Other (Specify)			remator			Catonsy	ille, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Christian		McCu		al Home of Rd., Pas		
CERTIFICATION	23. PART I. Enter the diseases, or compile shock, or heert fellure. List or IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditione, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		ONSEQUENCE OF	F):	ode of dying, suc	h ee cerdlec or res	piratory srrest,	Approximate Interval Between Onset and Death Mark
CERTIF	thet initiated events resulting in death) LAST							
PART II. Other significent conditions contributing to deal and the significent conditions contributing to deal and the significent conditions contributing to deal and the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions conditions contributing the significant conditions conditions conditions conditions conditions conditions conditions con			not resulting	in the underlyle	ng cause given in		IN AUTOPSY DRIMED? 2 NO	24b, WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	0.774			LACE OF DEATH (C)	neck only one)		
YSI	1 TES 2 THO HEL	PITAL: upations 2 ER/Output			me 5 🗆 Residence			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Sa. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURE	D
8		8e. PLACE OF INJURY — building, etc. (Specify	- At home, farm,	street, factory, off	CO	261. LOCATION (Stree City or Town, Stell	t and Number or Ri le)	ural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: T							use(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	batis			29c. LICENSE NU	MBER	29d. DATE SIG	ined (Marth, Day, Year)
2	ELLIOIT GORBATY, M.D.	7845 OAK	WOOD RO	AD #203	GLEN B	JRNIE, MAR	RYLAND 2	1061
	FEB1 3 1990 Suk	2. REGISTRAR'S SIGNAT	TURE modelle					

for use as the burial-transit permit. Pages 1, 2, 3 should or attending physician. BALTIMORE, MARYCAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by me TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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MARYLAND 21203-3146

BOX 13146, ó DIVISION OF VITAL RECORDS,

the death certificate be executed 育 attending physican a ental Hygiene prior to 2 N P requires that Heath a 10 世世 Ä H Corrification of the State of ATTENDING PHYSICIAN: Sept. Affin DIRECTOR / HOSPITAL FUNERAL D WITHIN 72 h TO THE HOSPITA
TO THE FUNERA
DE RIED WITHIN 73
IMPORTANT: II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Mickly, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1.15 PM " athanie 5 157 28 6. AGE (In you just birthday IF LINDER 1 YEAR IF UNDER 24 HINS. B. BIRTHPLACE /State or Foreign 579-30-8222 61 DANS 1 KO H 2 DF Wash., D.C. YRS. Bs. FACILITY NAME (If not institution, give street and number, BC. COUNTY OF DEATH BIS CITY, TOWN OR LOCATION OF DEATH Hemor DIRECTOR APOVE RESIDENCE OF DECEDENT 10s. STATE 10h, COUNTY Washington 10d. INSIDE CITY D.C. N/A 1 (20 YES 2 | NO FUNERAL 10e. STREET AND NUMBER IN. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 625 Kensington Pl., N.E. 20011 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 MO IF YES QUYE WAS ON DATES 11. MARITAL STATUS 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Masteen, Puerto Ricen, etc.)

1 VES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. 1 K Never Married 2 Married BY 3 Widowed 4 Divorced Black COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Sive kind of work done during most of working (fix. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade U.S. Gov't. tery (0-12) 12th College (5-4 or 6+) Clerk U. S. Army 18. MOTHER'S NAME (First, Michille, Maidan Sumame) John R. Patterson Catherine Johnson BE 19s. INFORMANT'S HAME (Sporting) 19b. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, State, Zip Code) 2 Dorothy P. Botts 10 above Same as # 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometer), cremetary or 20c. LOCATION - City or Town, State 1 № Sturiel 2 Cremetion 2 Rec 4 C Denetion 5 C Other (Specify) Lincoln Mem. Cem. 2/6/90 Suitland, Md. 12. NAME AND ADDRESS OF FACILITY
H.S. Washington & Sons, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE any rate 4925 Burroughs Ave., N.E. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or a Approximate shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition 100 resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events 1 resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL T YES TYCKNO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: me S - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a, DATE OF SHJURY (Month, Day, West) 28h. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED V2-Matural 5 Pending 1 YES 2 NO BY 2 Accident 25e. PLACE OF INJURY — At home, farm, afreet, fectory, office building, etc. (Specify) 3 🔲 Sulcide 28f. LOCATION (Sheet and Number or Flurel Route Number City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29a, CERTIFIER 1 X XERTIFYING PHYSICIALS TO BE SENT OF MY IS 2 MEDICAL SAMENER: On the basis of 296. SIGNATURE AND TITLE OF CERTIFIES Desc BE Cos8 9 2 WHO COMPLETED CAUSE OF DEATHORTEM 27) /hos. Prov. 13 FEB 1990 Julia Savidson Randalle

meetin er attending physician.	d be described for use as the burial-transit permit. Pages 1,		fee /
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PHYS	this (with	rked
DING	After	death	S ma
ATTEN	CTOR	s after	28
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SPITAL	VERAL	nin 72	AT: IF
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reasoned to the	IE FU	bd with	DRITA
10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 ==	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 2/12/90 MONTH DAY 12 90 1. DECEDENT'S NAME (First, Middle, Last) MARGARITA PIRARO 3. TIME OF DEATN Piraro Margarita 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNGER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTNPLACE (State or Fo. 7. DATE OF BIRTH (Month, Day, Year)
JUNE 20, 1922 MONTHS DAYS HOURS 214-22-7105 1 M 2 D 67 9b. CITY, TOWN OR LOCATION OF DEATH Se. FACILITY NAME (If not institution, give street end numb 9c. COUNTY OF DEATH Univ of Maryland Bultmore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Bathmore M 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 839 U.S. A 21211 Street 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, While, etc. FUNCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 Never Merried 2 Merried 1 TES 2 X NO Specify: 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 1 2 College (1-4 or 5 +) HEALTH CARE REGISTERED NURSE 17, FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) ANNA EMMITTI ROSARIO PIRARO 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 12112 TIMBER GROVE ROAD, OWINGS MILLS, MD. 21117 VINCENT PIRARO 20g, METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State NEW CATHEDRAL CEMETERY BALTIMORE, MARYLAND 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES un 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete ahock, or heart failure. List only one cause on each lina. Intarval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition_ Cardio-pulmorary arrest 20 to clot @ lung resulting in death) DUE TO (OR AS A CONSEQUENCE OF): hemophysis Bleeding trom Sequentisity list conditions, OUE TO (OR ASIA CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 4 Nursing No 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATN 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER Cohi 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) -Univ. of Maryland Hospital Cohn MD 31. DATE FILE EB 0 3 1990

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					IENTAL HYGIEN REG. NO.	_		
1. DECEDENT'S NAME (First, Middle, Last)	THOMAS RUPI						2. DATE OF DEATH MONTH FEB. 12,		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1		IF UNDER 24	4 HRS	7. DATE OF BIRTH			HPLACE (State or Foreign
216-09-1028	1X M 2 □ F 75	YRS.	MONTHS	DAYS	HOURS	MIN.	DEC. 2, 19	914	NOR	TH CAROLINA
9a. FACILITY NAME (If not institution, give s ST. AGNES HOSPITA			9ь. СІТУ, 1 ВАТ	TOWN OR		N OF DE	ATH	9c. COL	UNTY OF I	DEATH
RESIDENCE OF DECEDENT					OTTE					
10s. STATE 10b. COUNTY		1	Y, TOWN OR		ON					10d. INSIDE CITY LIMITS?
MARYLAND		BA	LTIMO							1 YES 2 NO
100. STREET AND NUMBER 4006 MASSACHUSETT	rs avenue			10f. 2	2122	29		10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER						C ORIGIN? (Specify Yes	or No-	14. RAC	E — American Indian,
1 Never Merried 2 Merried 3XXWidowed 4 Divorced	FORCES? 1 YES	2 XNO DATES			NO X NO		, Puarto Rican, etc.)		Spec	ck, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of v	USUAL OCC	CUPATION	of working		18b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	se retired.)		or working			-		
7		RADIO T	ESTER				BENDI			
17. FATHER'S NAME (First, Middle, Last) WILLIE ARTHUR PI	FCC						E (First, Middle, Melden MILIE RIN)			
19a. INFORMANT'S NAME (Type/Print)	1600	10h MAII INO	ADDRESS	(Ctmot one			oute Number, City or Tow			
THOMAS PLESS										LAND 21228
20s. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	LORRAINE								MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	. /	22. N	AME AND	ADDRESS	S OF FAC				NERAL HOMES
Luner	an eta	4								LE, MD.21228
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DISCEMI.	ach line.	Cari	cin.	on	a	of unknown			Approximate interval Batween Onset and Death
Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	Car F:	011	ene	a	type.			
causa. Entar UNDERLYING CAUSE (Disease or Injury	c. DUE TO (OR AS	emia a	ssoul	nte	and	t	Caveium	na		
that initiated events resulting in death) LAST	d. Metastra	a consequence of	, li	ver,	par	200	ortic Gange	h ho	de,	pleura
PART II. Other significant condition COPD - R Carpulau Carpulau	it upper la							RMED?	/ 24	b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:		CE OF DE	ATH (Che	ck only one)			
1 TES 2 NO	1 Inpatient 2 I ER/Out		4 🗆 Nursi	ing Home		ildence	6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 8 Pending	(Month, Day, Year)		HE OF 2	28c. INJUI WOR	IK?		26d, DEŞCRIBE HOW	NJURY O	CCURED	
2 Accident investigation	200 DI ACE OF IN INC	<u> </u>		1 YE	ES 2	NO				
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Spe	ecity)	street, ractor	ry, omce			26f. LOCATION (Street City or Town, State)		BY OF HURBI	House Number,
one)	ICIAN: To the best of my know									(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	//	Δ .	-2	T	29c. LICEN	NSE NUM	BER	29d. DA	TE SIGNE	D (Month, Day, Year)
		Ro siden						•	412	190
30. NAME AND ADDRESS OF PERSON WE	CHAVA S	ST. AGNES		PITAI	L,BAI	LTIM	ORE, MARYI	LAND		
31. DATE FIFE BM. 903001990	62 REGISTRANT SIG	MATERIAL								

ed by the hos	uld be detache	ed at once.
may be retaine	or, page 5 shot	at be notifie
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 70 hours after death with the State ham of Health and Mental Honlerle prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ours after	filled in by the	he medical
secuted within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire and each with the State Dear of Health and Mental Hydiene prior to burlal cremation, or removal	atic event, t
certificate be ex	Jing physician a voiene prior to	other traum
hat the death of	d by the attend	ny injury, or
law requires t	has been signe	23 shows a
YSICIAN: The	is certificate h	ed, or item
TTENDING PH	TOR: After this	28 is marke
SPITAL DR A	INERAL DIREC	NT: If Item
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-	w				9				90 0321
	FOR STATE REGISTRAR	TATE OF MARYL			OF HEALTH		NTAL HYGIENI REG. NO.	E	002.
	1. DECEDENT'S NAME (First, Middle, Last)	2 0				2	DATE OF DEATH		3. TIME OF DEATH
	ANNA F	2. PR	117C	6				0 90	
	4. SOCIAL SECURITY NUMBER 5. SI		(In yrs. last birthd			24 HRS. 7.	DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)
	162-09-6697 10] M 2 💢 🕒 💳	13 YR	S. MONTHS	DAYS HOURS	MIN.	1.2.33.0an	1916	PENNA
	9e. FACILITY NAME (If not institution, give street ar	nd number)		9b. CITY,	TOWN OR LOCATI	ON OF DEATI		9c. COUNTY	OF DEATH
8	1401 FALLS CREST DR	IVE		FALI	LSTON			HARFO	RD
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		100	CITY, TOWN OF	LOCATION				Land INDIOE CITY
<u> </u>		FORD	100		LSTO	L			10d. INSIDE CITY LIFT TS? 1 ES 2 NO
1 - 1	10e. STREET AND NUMBER	. (0.)		FAL	10f, ZIP COD			10a CITIZEN	OF WHAT COUNTRY?
A	1401 FALLS CR	EST NA	2		C. DC. T. J. T. T.	104	7		5 A
FUNERAL		WAS DECEDENT EVER		13. W			ORIGIN? (Specify Yes		RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 (MO	lf.		ın, Mexican, F	Puerto Rican, etc.)		Black, White, etc. Specify:
BY	3 Widowed 4 Divorced	r res, are man on t	DATES	'	□ 153 2 □ DiO	Specify		- 1	WHTE
8	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	N Interco		T'S USUAL OC	CUPATION iring most of working	200	16b. KINO OF BUS	INESS/INDUS	TRY
	Elementary/Secondary (0-12) Coll	llege (1-4 or 5 +)	ille. Do NO	T use retired.)				10	
COMPLET	10th grade		HOU	NINI	CE			1 4	
8	17. FATHER'S NAME (First, Middle, Last)	C 0					(First, Middle, Maiden		
8	PAUL MARTH	SR			A	NTO	N/A G	242	172
2	JULE ANN GO	SPAC	196, MAI						
					ne of cernetery, crer				570N 21047 or Town, Siete
	20s. METHOD OF DISPOSITION 11 Burlel 2 Cremation 3 Removal for	from State	other place) GARDENS	-		natory or			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE		GALDENS		AME AND ADDRE	SS OF FACIL		IMURE.	MARYLAND
	. 11 -1	A 11	4	SC	CHIMUNEK	FUNE	RAL HOME,		
	John T.	Colle							MARYLAND 2123
1 1	23. PART I. Enter the diseases, or complete the complete			Oo not enter t	he mode of dy	ing, such s	s cardiac or respi	ratory srrest	Approximata
1 1	IMMEDIATE CAUSE (Final	You You work to a							Onset and Death
1 1	disease or condition resulting in death) s	CA20	MAC	An	RYTH	N) H			1. He
		DUE TO (OR AS	A CONSEQUENC	EOFI:			2.5		
N N	Sequentially list conditions, b.	CH NO!	MIC (5 E ~ /	al Fo	4160	126		
F	If any, leading to immediate cause. Enter UNDERLYING								
유	CAUSE (Disease or Injury that initiated events	HYPE DUE TO (OR AS	A CONSEQUENC	E OF):					
CERTIFICATION	resulting in death) LAST								
뜅									
	PART II. Other significant conditions con			_	lerlying cause	given in Pa	ert I. 24a. WAS AN PERFOR		24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	SID HIVER	1	42011				_ 1 _ YES 2	NO	OF DEATH?
	CLO HADONA	hyvoid	12m.				_		1 TES 2 NANO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		***						
<u>5</u>	EXAMINER? HO	SPITAL:		OTHER		1			
₹	1 YES 2 NO 1	Inpatient 2 ER/Ou			ing Home 5 IVA	_	Other (Specify) 8d. DESCRIBE HOW II	HIEV OCCUS	nen.
	1 Natural 5 Pending	(Month, Day, Year)		INJURY	WORK?	NO "	~ / /		NED .
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	RY — At home, fa	rm, street, facto			61. LOCATION (Street a		Rural Route Number
	4 Homicide detarmined	building, etc. (Sp	ecify)	A	,		City or Town, State)	~/	A
9	290. CERTIFIER DECERTIFYING PHYSICIAN.	. To the heat of !			no deti no di d		the annual A		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On								ause(e) end manner so stated
	29b, SIGNATURE AND TITLE OF CERTIFIER								
出	Chan da da da da da da da da da da da da da	W.,			2.3.20	ENSE NUMBI	100		IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COL	MPI FTED CAUSE OF I	SEATH STEM 27	Time Driett		218	<u> </u>	0	0 1970

G C. PRABHU 1810 BELAIR MD #10Z

32 REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
FEB 13 1990

MD 21047

PALLSTON

IF UNDER 1 YEAR

DAYS

2	1	A. Com	C	REG.	NO	1	23	
R		2. DATE	OF	DEAT	HUS	4 1	13	-

3. TIME OF DEATH

FEBRUARY	12,	1990	2:45 a
7. DATE OF BIRTH (Month, Day, Year) Sept. 4,	1937	Count	PLACE (State or Foreign) yland

9a. FACILITY NAME (If not institution, give street and number)

9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY

IF UNDER 24 HRS.

9c. COUNTY OF DEATH BALTIMORE

U.S.A.

A

THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY Maryland Anne Arundel

10c, CITY, TOWN OR LOCATION Pasadena

MONTHS

YRS.

10d. INSIDE CITY 1 YES 2 X NO

10e. STREET AND NUMBER

10f. ZIP CODE 21122

10g. CITIZEN OF WHAT COUNTRY?

389 Riverside Drive 11. MARITAL STATUS 1 Never Married 2 X Married

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 X NO IF YES, GIVE WAR OR DATES

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 X NO Specify:

14. RACE — American Indian, Black, White, etc. Specify: White

3 Widowed 4 Divorced 15. DECEOENT'S EDUCATION (Specify only highest grade complete

College (1-4 or 5+)

15e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NDT use retired.)

16b. KIND OF BUSINESS/INDUSTRY

Elementary/Secondary (0-12) 11th.

NONE

Car Salesman

Bob Bell Ford

17. FATHER'S NAME (First, Middle, Last)

8. AGE (In yrs. lest birthday)

52

18. MOTHER'S NAME (First, Middle, Maiden Surname) Ruth

Luedtke

Alfred

Kenneth

Reiff, Sr.

19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

19a. INFORMANT'S NAME (Type/Print)

Mrs. Brenda M. Reiff 20a METHOD OF DISPOSITION
1 X Burtal 2 Cremation 3 Removal from State

389 Riverside Drive, Pasadena, Maryland 21122 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or

20c. LOCATION — City or Town, State

4 Donation 5 Other (Specify)

Meadowridge Memorial Park 22. NAME AND ADDRESS OF FACILITY

Elkridge, Maryland

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Yeong

1 Second Ave. S.W. Singleton Funeral Home, Glen Burnie, Md

shock, or heert fallure. List only one cause on each line. **IMMEDIATE CAUSE (Fine)** disease or condition resulting in death)

8.	A	int	1	1	U	1
		OUE	то	(DR	AS	1
	Car	11	1	u e	. >	n,

Hours	Muy	Shut	dryn	1	10/
OUE TO	(DR AS A CO	NSEQUENCE OF):			
Carcil	hoid	tumo	~ Li	rer	

1

23. PART I. Enter the dispases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest,

2 nd to liver embolization

4days 3 mos.

Approximate

Onset and Death

Sequentielly list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST

	DUE	то	(OR	AS	A	CONSEDUENCE	OF):
--	-----	----	-----	----	---	-------------	------

DUE TO (DR AS A CONSEQUENCE OF):

PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.

24s. WAS AN AUTOPSY 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO

27. MANNER OF DEATH

LA Natural

2 Accident

4 Homicide

3 Sulcide

OTHER: Impatient 2 ER/Outpatient 3 DOA

26. PLACE OF DEATH (Check only one) Ing Home 5 - Residence 8 - Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED

28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? м 1 YES 2 ND 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a, CERTIFIER

5 Pending

5 Could not be

CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 00 M.D.

29c. LICENSE NUMBER 039

29d. DATE SIGNED (Month, Day, Year) 2 112

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RABIE 2 AL 7 AL HH

32. REGISTRAR'S SIGNATURE
Saydom Handelle

D 21203-3146 Page 6 may be page BALTIMORE, director, funeral death. within BOX 13146, pecuted the death certificate be attending physician P.0. RECORDS, that WE VITAL The ATTENDING PHYSICIAN: OF DIVISION 8 FUNERAL I HOSPITAL THE PIE

use as the burial-transit permit, Pages 1, 2, 3 should

spital or attending physician.

hed for u

DIRECTOR

FUNERAL

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COMPLETED

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examiner t by the free removal. medicai n and completely filled in by to burial, cremation, or remo the event. traumatic prior other 6 the atter Injury, n signed by the Health and & any t. of h has by Dept. 23 certificate h Hem 0 the with t marked. DIRECTOR: After the hours after death vitem 28 is mari

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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IMPORTANT:

223

DHMH-18 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hindren	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained in the funeral director, page 5 should be detained in the funeral director.	1)
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TH O	0 TH	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
F-	-	ă	==

31. DATE FEEB 13 1990

	FOR STATE REGISTRAR		STATE OF I		D / DEPAR						YGIEN	E		
	1. DECEDENT'S NAME (First									2. DATE OF	DEATH DA	v	ve40	3. TIME OF DEATH
	DELPHI	NE	RUS.	SEL	_					MONTH 02		0	90	1.50 PM
	4. SOCIAL SECURITY NUMBER 213-34-18		5. SEX		. last birthday) S YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	R 24 HRS.	7. DATE OF (Month) D	ev. Year) /	, , .	6. BIRTHI Country	PLACE (State or Foreign
					<u> </u>	av avm				08/2	3/1	4		
-	9a. FACILITY NAME (If not in	nstitution, give at	treet and number)						ION OF DE	EATH		9c. COU	NTY OF DE	EATH
2	Sinai Hosp					Do	lto	•						
3	10a. STATE	10b. COUNTY	7		10c. CI1	Y, TOWN OF	R LOCAT	ION						10d. INSIDE CITY
DIRECTOR	MD				E	BAL	71	mo	RE	•				LIMITS?
AL	100. STREET AND NUMBER						101	ZIP COD	-			10g. CIT	ZEN OF W	HAT COUNTRY?
CNET	3939	PEI	VHUX	ST	AU	E		a	12.	15			U	. S.H
5	11. MARITAL STATUS		12. WAS DECEDEN							VIC ORIGIN? (or No-	14. RACE	- American Indian, White, atc.
-	1 Never Married 2			YES 2					an, Mexice Specifi	n, Puarto Rici y:	n, atc.)		Specif	y:
0	3 X Widowed 4 Dive	orced						~					B1	ack
3	15. DEC	CEOENT'S EDUC	CATION completed)	16a	DECEDENT'S				ina	16b. KI	ND OF BUS	SINESS/INC	DUSTRY	
7	Elementary/Secondary (College (1-4 or 5	+)	life. Do NOT u	se retired.)	urang trio	at or work	119					
COMPLE	17. FATHER'S NAME (First, A	fiddle, Last)						18. MOT	HER'S NA	ME (First, Mide	lle, Maiden	Sumame)		
U 0	Richard S	haw							Be	essie	Mayo)		
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Numbe		Route Number,			Code)	
2	Richard R	ussell			4504	Garr	iso	n B1	vd	Balt) N	ld.	21	215
	20a, METHOD OF DISPOSIT	TION		20b. PL	ACE OF DISPO	SITION (Nan	ne of cer	netery, cre.		Daio		CATION -	-	
	1 Burial 2 Cremetic	on 3 Remo	oval from Stata	Ar	butus	Mem.	Pk.					utus		
	21. SIGNATURE OF PURER		ENSEE	- 111					SS OF FA	CILITY	I MIL	ucus	, ITIU	•
	1/6	11	111,						H We					
	700	tta	coros	L		4	1300	Wab	ash	Ave.				
	23. PART I. Enter the cahock, or h IMMEDIATE CAUSE (Fi	neart fallure.	List only one ca	use on each	line.								rest,	Approximata interval Batween Onset and Death
	reaulting in death)	~	. CARZ	OR AS A CO	NSEQUENCE (DE:	. , ,				C/C	-		
			۷,	I PS	15	56	= 1	FE	2 5	ME	TA	B 0/	10	7.4 hst
5	Sequentielly list condi-		b. DUE TO	OF AS A CO	NSEQUENCE O	E:		0		A	(,) ·	0 5 1	-	24 hrs
KIIFICALION	If any, leading to imme cause. Enter UNDERLY			(011 70 71 00		. ,.				9)	C1 2	031	<u>ح</u>	
5	CAUSE (Disease or Injuted that initiated events		c. OUE TO	OR AS A CO	NSEOUENCE C	OF):								-
=	resulting in death) LAS	ST T				,								
5			d											1
2	PART II. Other algnific								-			AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICA	METE	TSTI	971C	CO	LON	J	1	RC	INC	MA ,	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
3										'	L 150	EMILO		OF DEATH?
										_				I LES Z HO
PHYSICIAN	25. WAS CASE REFERRED	TO MEDICAL					26 0	ACE OF	DEATH /CI	neck only one)				
2	EXAMINER?	TO MEDIONE	HOSPITAL:			OTHER	1:							
2	1 TYES 2 NO		1 npetient 2			-			tealdence	6 Other (-	
7	27. MANNER OF OEATH 1 Natural 6	Pending	28a. DATE O (Month,	Pay, Year)	26b. Til	WE OF	WC	DRK?		28d. DESCF	HBE HOW	NJURY OC	CUREO	
2	2 Accident	Investigation				М		YES 2	□ NO					
		Could not be	26e. PLACE (OF INJURY I	At home, farm,	streat, facto	ory, offic	18		28f. LOCATI City or	ON (Street Town, State)	and Numbe	r or Rural A	loute Number,
- 1	4 Homicide	determined												
COMPLETED	29a. CERTIFIER (Check only	TIFYING PHYSI	ICIAN: To the best o	of my knowledg	e, death occur	red at the tie	me, date	and plac	e, and due	to the cause	(a) and me	nner as sta	ted.	
Σ	onel only) and manner ea stated.
	29b. SIGNATURE AND TITL													
H N	THE AND ITE	,	esai	Lini	GE	DEE	CEC		ENSE NU	MDEN		29d. DA1	02	(Month, Day, Year)
2	an Market						CEN	1					02	, , , , ,
	SWATI		ESM!					101-7	10	AT	10	217	1 00	- 49 /-

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director.		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1	cate	be filed within 72 hours after death with the state Dept. of Health and Mental Hygielie prior to burial, cremators, or removal,	Iter
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	FOR 1 - STATE REGISTRAR		STATE OF	MARYL			TMENT				MENTA	L HYGIEN	E			
,	1. DECEDENT'S NAME (First,	Middle, Last)				e e					2. OATE	OF DEATH		YEAR	3. T	ME OF DEATH
ľ		NAI	DA	RYDEI	R						FER			TEAR		7 A M
	4. SOCIAL SECURITY NUMB 215-09-7030	ER	5. SEX	6. AGE ((in yrs. lest t	birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER :	24 HRS. MIN,	7. DATE (Mont DEC	OF BIRTH	1913	8. BIRTIN County MAR	PLAC YL	E (State or Foreign
ŀ	9a. FACILITY NAME (If not ins	stitution, give a	treet end number)				9b. CITY, 1	TOWN C	R LOCATIO	N OF DE			9c. COU	NTY OF 0	EATN	
TOR	1 HAPSBUR	G COU	RT					BA	LTIMO	RE		BALTIM			IMC	RE
DIRECTOR	MD .	10b. COUNTY	, ALTIMORE			10c. CIT	Y, TOWN OF									INSIDE CITY LIMITS? YES 2 TYNO
	10e. STREET AND NUMBER		.mr_more				DIXI I		. ZIP CODE				10g. CITI	ZEN OF V	VHAT	COUNTRY?
FUNERAL	1 HAPSBU	IRG COI	TRT							2123	36			II.S	S.A	
2	11. MARITAL STATUS	110 001	12. WAS DECEDE						ENOENT O	F HISPAN	IIC ORIGI	N? (Specify Yee	or No-	14. RACI	E — A	mericen indien,
BY FI	1 Never Married 2		FORCES? IF YES, GIVE)			ecify Cuber 2 X NO			Ricen, etc.)		WHI		te, etc.
		EDENT'S EDU			16a. DECI	EDENT'S	USUAL OCK	CUPATIO	ON at all working	0	18	b. KIND OF BUS	SINESS/INC	USTRY		
ᄪ	Elementary/Secondary (0		College (1-4 or :	5+)	Ma. E	Do NOT u	se retired.)	uring mo	SEOF WORKING	g .						
릴	N/A		N/A		SEC	CRET	ARY				R	RAILROA	D EX	PRES	S	
COMPLETE	17. FATHER'S NAME (First, Mi	iddle, Last)		·					16. MOTN	ER'S NA	ME (First,	Middle, Maiden	Sumame)			
ш	PHILLIP BORI	ONER							TILI	LIE	ZOBC	TOY				
8	19e. INFORMANT'S NAME (7)	ype/Print)			19b.	MAILING	ADDRESS	(Street a	nd Number	or Rural I	Route Nun	nber, City or Tow	n, State, Zip	Code)		
2	MARILYN C		(DGHTR)								TIMC	RE, MA			_	
	20e. METNOD OF DISPOSITION 1 TO Buriel 2 Cremello 4 Donellon 5 Other	n 3 🗆 Rem	oval from State	G.	other place O ARDEN	F DISPO	SITION (Nam F FAI	ne of cer	netery, crem	atory or			TIMO			RYLAND
	21. SIGNATURE OF FYNERA		CENSEE						ND ADDRES	S OF FA	CILITY					
	· Sh	7	allin				SC 97	HIM O5	UNEK BELA	FUN LR R	ERAI OAD,	HOME, BALTI	INC MORE	, MA	RYI	LAND 21236
		eart fallure.	complications the List only one control			th. Do	not enter t	the mo	de of dyl	ng, suc	h as ca	rdiac or respi	iratory an	reat,	-	Approximate interval Between Onset and Death
	iMMEDIATE CAUSE (Fir disease or condition reaulting in death)	→					s D	192	asl						j	
z			DUE 1	O (OR/AS	A CONSEQU	UENCE C	NF):									
CERTIFICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY	diate	DUE 1	O (OR AS	A CONSEQU	UENCE C	NF):						ring .			
FIC	CAUSE (Disease or injute that initiated events		C. DUE 1	O (OR AS	A CONSEQU	UENCE C	NF):								+	
ERT	reaulting in death) LAS	T	d												-	
- 1	PART ii. Other eignifice	ent condition	ns contributing	to death t	but not re	sulting	in the unc	deriyin	g ceuse g	iven in	Part i.	24e. WAS AN	AUTOPSY	24	b. WEF	E AUTOPSY FINDINGS
8												PERFO			CON	LABLE PRIOR TO IPLETION OF CAUSE
MEDICAL												1 TYES 2	ı 🗌 NU			DEATH?
Σ											—				' -	YES 2 NO
AN	25. WAS CASE REFERRED T	D MEDICAL	1					26. P	LACE OF D	EATN (Ch	neck only	nnel				
PHYSICIAN:	EXAMINER?		HOSPITAL:	□ EDIO.		□ aaa	OTHER	t:								
ξŁ	27. MANNER OF DEATH		28e. DATE		panent 3	28b. Til	-		JURY AT	eidence	_	ESCRIBE NOW	INJURY OC	CURED	_	
		Pending		Day, Year)		IN	JURY	W	ORK7 YES 2	NO						
ED BY	2 Accident 3 Suicide 6 4 Homicide	investigation Could not be determined		OF INJURY g, etc. (Spe		ne, farm,	street, facto	ory, offic	:0			CATION (Street by or Town, State		or or Rural	Route	Number,
COMPLET	200 CERTIFIER		ICIAN: To the best	of my knov	wledge, des	nth occur	red at the th	me, date	and place	, and due	o to the c	euse(s) end me	nner ee sta	nted.		
NO.	onel —	HCAL EXAMINE	ER: On the basis of	examination	on and/or ir	westigati	lon, in my o	pinion,	death occur	red at the	time, da	te end place, e	nd due to i	he cause	(e) end	I menner ee stated.
H	29b. SIGNATURE AND TITLE	OF CERTIFIE	R						29c. LICE	85	-	8	29d. DAT	TE SIGNE	D (Moi	90
임	30. NAME AND ADDRESS O	E DERSON WI	O COMPLETED C	WISE OF D	EATN STEN	270 (500	n Deint)								+	

406 EASTERN BLVD. NR MACE AVE.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FEB 13 1990

v

TO BE COMPLETED BY FUNERAL DIRECTOR

	CERTIFICATION
	MEDICAL
	PHYSICIAN:
l	BY
	BE COMPLETED
	BE
1	2

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CE	ERTIFICATE	0	F DEAT	H		REG.	NO

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN REG. NO.	_	
1. DECEDENT'S NAME (First, Middle, Last)	JAMES EDGAR	RUFFIN /	Pullen	2. DATE OF DEATH ON MONTH	2-9-90re	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 222470775583563	UM 2 □ F		HOLIN I VEAN # UNDER 24 HRS. HOLINS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/22474		NRTHPLACE (State or Foreign country) NWIDE CO. Va.
90. FACILITY NAME (If not institution, give INS OF EVERS! RESIDENCE OF DECEDENT	reen-West WES	ST 0	Catons ville	MD /	Nalti	OF DEATH
106. STATE 106. COUNT	TY		WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 T YES 2 NO
10e. STREET AND NUMBER		Dall	imore 101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
317 Lyndhurst St	treet 12. WAS DECEDENT EVER #	IIIS ADMED	21229 13. WAS DECENDENT OF HISPAN	NIC OBIGINS (Specify Ver	II.S	A RACE — American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, specify Cuban, Maxica 1 YES 2 NO Specif	n, Puarto Rican, etc.)	3	Black, White, etc. Specify: Black
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		18a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	AL OCCUPATION lone during most of working ed.)	18b. KIND OF BUS	SINESS/INDUST	
		Aide - Re				Hosp Va
17. FATHER'S NAME (First, Middle, Last) Sidney Ruffin				ME (First, Middle, Meiden		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rural	ne Moseley Route Number, City or Tow	n, State, Zip Cod	(e)
Thomas Ruffin, S		317 Lyne	hurst Street.	Baltimore	, Md.	21229
20 SMETHOD OF DISPOSITION 1 X Burlal 2 Cremation X X Rer 4 Donation 5 Other (Specify)	noval from State	other place)	N (Name of cometery, crematory or Memorial Park		CÁTION — CHY	or Town, Stata . Virginia
21. SIGNATURE OF FUNERAL SERVICES		en /	22. NAME AND ADDRESS OF FA	ones, Jr.	Funera	1 Home P.A.
23. PART I. Enter the diseases, or			4101 Edmondsomer the mode of dying, such			Approximata
IMMEDIATE CAUSE (Finel	. List only one cane on a)		Interval Batween Onset and Death
disease or condition resulting in death)	e. DUE TO (OR AS A	CONSEQUENCE OF:	arrythm	(a)		
	- ch,	mic o	rganc br	ain sy	ndos	ne
Sequantielly list conditions, If any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):		-		
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
resulting in death) LAST	a - Sey	hhcem	a, Ay	07		
PART ii. Other significant condition				Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
	Conh	racture	,	1 _ YES 2		COMPLETION OF CAUSE OF DEATH?
				—		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C)	neck only one)		
1 TYES 2 NO	HOSPITAL:	etient 3 DOA 42	HER: Mursing Home 5 □ Residence			
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED
2 Accident Investigation 3 Suicide 8 Could not be	28e, PLACE OF INJURY	— At home, farm, street		281. LOCATION (Street City or Town, State)	and Number or F	tural Route Number,
4 Homicide determined				City or rown, citaloy		
anal cons			the time, date and place, and during opinion, death occured at the			use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	ER Le 2 da		29c, LICENSE NU		29d, DATE SH	GNED (Mgnth, Day, Year)
- might	/ F /1 /1/1 2 2 A	A /	10183	1.)	□ フノ	71 A 1 I I . 1
30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Print			,	19190
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	Wilkon	s Av	7 2/24

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certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		I as them 22 shows now interes or other transmitte agent the medical avainant must be modified at save
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	1 - FOR STATE REGISTRAR	STATE OF M			TMENT OF H				GIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH			3. TIME OF DEATN
	Mary Ste	wart.						MONTH Februa	D/		YEAR	4 00mm M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	t histholms	IF UNDER 1 YEAR	IF UNDER 24		7. DATE OF BI		/, 19		4:00PM M
		1 M 2 X F			MONTHS DAYS	1	MIN.	(Month, Day,	Ybar)	1010	Country)	
			71	YRS.				Nov.	21 .	1918	V	irginia
	Sa. FACILITY NAME (If not Institution, give atm	eet and number)			9b. CITY, TOWN O	R LOCATION	OF DE	ATN		9c. COU	ITY OF DE	ATN
S S	Maryland Gener	al Hospi	tal		Baltimo	ore Ci	tv					
DIRECTOR	RESIDENCE OF DECEDENT						/					
뿐	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT						- 1	10d. INSIDE CITY LIMITS?
ā	Maryland				Baltimo	ore CI	LTY					XXES 2 NO
A	10e. STREET AND NUMBER				101	. ZIP CODE				10g. CITI	ZEN OF WH	IAT COUNTRY?
FUNERAL	2512 N. Rosedal	e Street				212	216				u.s	S.A.
Z	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS DEC	ENDENT OF I	NISPAN	IC ORIGIN? (Sp.	ecify Yes	or No.		- American Indian,
	1 Never Married 2XX Married	FORCES? 1	YES 2 XN		If yes, spi	ecity Cuben, I	Maxicar	, Puerto Rican,			Black,	White, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 U YES	XXNO	Specify.				Specify	Black
	15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL OCCUPATION	OM .	-	16h KINE	OF BUS	SINESS/IND	HETEV	
E	(Specify only highest grade of	completed)	(Gi	ve kind of a	work done during mo.	st of working						
ايرا	Elementary/Secondary (0-12)	College (1-4 or 8+)			A NL			1		1- 1		N1.
COMPLETED		Correge	Re	gisi	ered Nu	ırse		-			uty	Vurse
8	17. FATNER'S NAME (First, Middle, Last)					16. MOTHER	R'S NAI	ME (First, Middle,	Maiden	Surname)		
BE	Nathaniel Holm	es				Ŧ	70t	ca				
	19a. INFORMANT'S NAME (Type/Print)		191	. MAJLING	ADDRESS (Street a	nd Number or	Rural F	loute Number, Ch	ty or Tow	n, Statu, Zip	Code)	
2	Mr. Geronio Stew	art		2512	N. Roses	lale S	itra	et Ba	1 + 11	nore	Mar	uland 21216
	20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	SITION (Name of cen	netery, cremeto	ory or		20c. LO	CATION -	City or Tow	n, State
	1\(\) Surial 2 \(\) Cremation 3 \(\) Remo 4 \(\) Donation 8 \(\) Other (Specify)	vel from State	other pla	nce)	11:11	. C	4	.	b	1.1	4	1 6 14
	21. SIGNATURE OF FUNERAL SERVICE LICE			CE	22 NAME AN	Ceme	oret	y	pro	oklyn	Ast	4. Co., Md.
		and a	11		Nutte	er Fun	1010	il Home		Inc	21:	216
	> Helest	8.	utter	- 3								ore. MD.
	23. PART I. Enter the diseases, or co	omplications that	caused the de	eth. Do i	not enter the mo	de of dylno		146.65	CIVIT	iretory arr	L CHIL	110
	ahock, or heert fellure. L	lat only one caus	on on each line				g, sucr	h as cardiac c	יקסטו וי		est,	Approximate
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32. REGISTRAR'S SIGNATURE

FEB 13 1990

c/o Maryland General Hospital

BALTIMOR

the hospital or attending physician. LAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 in THE FUNERAL DIRECTUR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FEB1 3 1990

32 REGISTRARIS SIGNATURE

	1 - STATE REGISTRAR	STATE OF I	/ARYLAND CI	DEPAR					MENTA	REG. NO.	E		15011
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	DOLORES	V. 57	ARRA						MONTI	1 12		YEAR	4:43Am
	4. SOCIAL SECURITY NUMBER 215-34-6710	5. SEX	6. AGE (In yrs. le:		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont)	OF BIRTH In Day, Year)		BIRTH	land
	9a. FACILITY NAME (If not institution, give st	reet end number)		1	9b. CITY	. TOWN C	R LOCATI	ON OF DE	EATH	111/36	9c. COUNT		
Œ	Harbor Hospit		ar				o.Ci				_		
DIRECTOR	RESIDENCE OF DECEDENT	ar cent	,01		10	CL 0	0.01	. 0 9 9	I-I-CC 8				
3E	10e. STATE 10b. COUNTY				Y, TOWN C							-1	10d. INSIDE CITY LIMITS?
0	Maryland		•	I	Balt	o.C	ity,	Md.					1 YES 2 NO
AL	10e. STREET AND NUMBER					101	ZIP COD				-		HAT COUNTRY?
ER	1731 Covingt	on St.					2]	L230)		Ţ	JSA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN		MED	13.	WAS DEC	ENDENT C	OF HISPAN	VIC ORIGIN	N? (Specify Yee Rican, etc.)	or No- 1		American Indian, White, etc.
ВУГ	1. Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y		Į.o		1 TYES	2 X NO	Specify	y:	ricait, etc.)		Specify	
IEI	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(6	ECEDENT'S live kind of a. Do NOT u	work done -	during mo	DN st of worki	ng	166	. KINO OF BUS	INESS/INOU	STRY	
J.	8th Grade	College (1-4 or 5	+) ""		nema					Ow	n Hor	ne	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1101	-	02	16 MOT	HED'C NA	ME /El-t	Middle, Maiden			
	Joseph	S.	Spa	rra			Id. MOT			ance	Surremey	Ja	blonski
BE	19a. INFORMANT'S NAME (Type/Print)				ADDRESS	S (Street e	nd Numbe	r or Rural I	Route Numi	ber, City or Town	n, Stete Zio C	Code)	
5	Mrs.Irene Aire	У		81	+07	Ec	ho I	Dr.F	Rivi	era B	each	, Md	/21122
	20s. METHOD OF DISPOSITION 1-10 Burlet 2 Cremeiton 3 Remo		20b. PLACE								CATION CI		
	4 Donetion 5 Other (Specify)	oval from State	_ Hol	y Ro	osar	у С	eme-	tery	J	В	alto		
	21. SIGNATURE OF JUNERAL SERVICE LIC	ENSEE	//	/	22.	NAME AN	ID ADDRE	SS OF FA	CILITY		Ba.	Ito	.Md.21230
	> Warred	0.7	12.11	1,5	IV	IcCu	lly	Fur	nera	l Hom	e,13	0 E	.Fort Ave.
	23. PART I. Entar tha diseasea, or o	complications the	it ceused/tha d	eath. Do	not anter	the mo	de of dy	Ing, suc	h ss csr	diac or reapi	ratory srre	st,	Approximate
	ahock, or heart failure.	Liet only ona ce	ise on éach lin	B.									Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	550	TICE	M . 6	2_								
	resulting in deeth)	e. SE1	(OR AS A CONSE	OUENCE O	/ F):								
z		IS	CHEM	10	30	WE	4	SYN	UDR	OME			
5 5	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):			,					
2	ceuse. Enter UNDERLYING CAUSE (Disease or injury	C. OHE TO	(OR AS A CONSE	OUENCE O									
CERTIFICATION	thet initieted events resulting in deeth) LAST	OUE IC	(On AS A COMSE	OUENCE U	T).								i
CEF		d						·					
	PART II. Other algnificant condition	s contributing to	death but not	reaulting	in the u	nderiyin	g cause	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
DIC	DEHYDRA	MOITH								1 - YE\$ 2	XNO		COMPLETION OF CAUSE OF DEATH?
MEDICAL	6-IRIG	EDING											1 - YES 2 1 NO
Ż	AFRIAL	FIBRI	LLAT	10N									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF C	DEATH (Ch	neck only o	ne)			
YSI	1 VES 2 NO	1 Inpatient 2			4 🗆 Nui	rsing Horr		eeldence	8 🗆 Othe				
표	27. MANNER OF DEATH 1 Natural 5 Pending	26a. OATE OI (Month, I		26b. TIN	JURY		PK?	7.00	28d. DE	SCRIBE HOW I	NJURY OCCL	JREO	
	2 Accident Investigation	200 PLACE	OF INJURY At h	ome form	etenet for		YES 2 [_ NO	204 1 04	CATION (Street o	and Mumbas a	- Pr (B	to de Alumbra
ВУ			etc. (Specify)	Ottre, rettit,	street, rac	aory, ome	•			or Town, State)		r muritir m	oute Number,
	3 Suicide 6 Could not be 4 Homicide detarmined	building	1-1-1-1-1-1										
	3 Suicide 6 Could not be 4 Homicide detarmined	building		la etta di si	and of the	No. 4	and at		10.45		and to the s		
	3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only)	CIAN: To the best o	f my knowledge, d										end manner as stated.
COMPLETED	3 Suicide 4 Homicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEOICAL EXAMINE	CIAN: To the best of	f my knowledge, d				leath occu	red at the	time, date		d due to the	ceuse(e)	
	3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only)	CIAN: To the best of	f my knowledge, d				29c. LIC	red at the	time, dete		d due to the	ceuse(e)	end manner as stated. (Month, Day, Year)

Talsan de

b

HYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

			CATE OF DEATH	REG. NO		
1 /	1. DECEDENT'S NAME (First, Middle, Last) MAGGIE	Scale	C	2. DATE OF DEATH MONTH D		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 243-34-35-86 1 □ M 2€	8. AGE (In yes, lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreig Country) N. C
TOR	98. FACILITY NAME (If not institution, give street and number) BOY SCLAWS HO, RESIDENCE OF DECEDENT	spital	Baltimor		9c. COUNTY	OF DEATH
DIRECTOR	10s. STATE 10b. COUNTY		town or Location Himore			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	2100 W. Sarato	0.1	10f. ZIP CODE	223	10g. CITIZEN	OF WHAT COUNTRY? U.S.A.
BY FUN	1 Navar Marriad 2 Marriad FORCES?	DENT EVER IN U.S. ARMED 1 YES 2 NO VE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	en, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: Black
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 o	(Give kind of w	JSUAL OCCUPATION ork done during most of working o retired.)	18b. KIND OF BU	SINESS/INDUS	TRY
E COMPL	17. FATHER'S NAME (First, Middle, Last) aarron Da (+2)n	18. MOTHER'S N	AME (First, Middle, Maiden toru 1	Surname)	/
TO B	Henrietta Woods	son 210	ADDRESS (Street and Number or Rural O W . Saxw	toga St		21223
i	20a_METHOD OF DISPOSITION 1 Deurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE OF DISPOSI	Hore Center of commentary or Center of Center	etery Bo	11	or Town, State ore, Md
	Benned & Jo 23. PART I. Enter the diseases, or complications	mson	March F.	H. Wes	ash	pre
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	TO (OR AS A CONSEQUENCE OF	Asalay	Secretarias	Mere Akta ges:	Interval Bet Onset and I
	PART II. Other algnificant conditions contributing	g to death but not reaulting in	n the underlying cause given in	Part I. 24a. WAS AN PERFO	AMED?	24b. WERE AUTOPSY FINE AVAILABLE PRIOR TO
I: MEDICAL				1 Tes :	20,00	OF DEATH?
ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOU 1 Invested	. =	26. PLACE OF GEATH (COTHER:	heck only one)	NO NO	OF DEATH?
KEI II	EXAMINER? 1 YES 2 10 1 Inputtent 27. MANNER OF DEATH 28. (Man)	. =	OTHER: 4 Nursing Home 5 Residence OF 28c. INJURY AT WORK?	heck only one)		0F DEATH? 1 YES 27 NO
ED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 100 27. MANNER OF DEATH Netural 5 Pending 2 Accident investigation 3 Suicide 2 Continuation 26s. PLAN 26s. PLAN 26s. PLAN 26s. PLAN	2 GR/Outpetlant 3 DOA DOA E OF INJURY 28b, TIME	OTHER: 4 Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO	heck only one) 6 Other (Specify)	NJURY OCCUR	OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 100 27. MANNER OF DEATH Netural 5 Pending investigation 3 Suicide 8 Could not be detarmined 26a. PLAI 27. MANNER OF DEATH Accident 5 Pending investigation 3 Suicide 8 Could not be detarmined	2 PR/Outpetlent 3 DOA E OF INJURY th, Day, Year) 28b. TIME INJURY CE OF INJURY — At home, farm, st ling, etc. (Specify) st of my knowledge, death occurre	OTHER: 4 Nursing Home 5 Residence 5 OF 28c. INJURY AT HY WORK? 1 YES 2 NO Itreet, factory, office	beck only one) 5 Other (Specify) 28d, DESCRIBE HOW 281. LOCATION (Street City or Town, State) e to the cause(a) and ma	INJURY OCCUR	1 VES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO
ED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 10 1 Inputtent 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Sulcide 8 Could not be detarmined 29a. CERTIFIER (Check only)	2 PR/Outpetlent 3 DOA E OF INJURY th, Day, Year) 28b. TIME INJURY CE OF INJURY — At home, farm, st ling, etc. (Specify) st of my knowledge, death occurre	OTHER: 4 Nursing Home 5 Residence 5 OF 28c. INJURY AT HY WORK? 1 YES 2 NO Itreet, factory, office	beck only one) 6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State) e to the cause(a) and mag a time, data and place, as	INJURY OCCUP and Number or nner se stated.	OF DEATH? 1 YES 2* NO NEO Rural Route Number,

Service Age 1

offilled at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the state death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funerable filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examilie

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
1, 0	DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F OEATH

_	HEGISTHAR				CERTIF	ICATE	OF	DEATH	P	REG. NO.						
	MONTH DAY YEAR								3. TIME OF DEATH							
		ELEANOR B. SOLOM										FEB. 11 1990 7:00				
	4. SOCIAL SECURITY NUMBER		5. SEX		s. lest birthday)	MONTHS DAYS HOURS MIN. (Mont				th, Day, Year) Country)			HPLACE (State or Foreign rry)			
	212-28-4714			59	YRS.		JAN. 27 1931						rginia			
_	9e. FACILITY NAME (if not institution, give street and number)					96. CITY, T	OWN O	R LOCATION OF DE	ATH		9c. COU	NTY OF	DEATH			
DIRECTOR	North Arundel	Hosp	oital			G1er	n Bu	ırnie			Ann	e Ar	unde1			
2	RESIDENCE OF DECEL	b. COUNTY			10c. CIT	Y, TOWN OR	LOCATI	ON					10d. INSIDE CITY			
E I	Maryland Anne Arundel					len Bu							LIMITS?			
	10e. STREET AND NUMBER	Aime	Arunder		<u> </u>	Ten bu	-	ZIP CODE		_	100 CIT	TZEN OF	1 YES 2XXNO			
FUNERAL		N	E				101.						WHAT COUNTRY?			
N.	305 7th Aven	ue N.	12. WAS DECEDEN	T EVED IN U.S	ADMED	40.100	0.0505	21061 ENGENT OF HISPAN				USA				
	1 Never Married 2 X Me	rried	FORCES? 1	YES 2	NO	H y	yes, spe	city Cuban, Mexico	n, Puerto Rica	n, atc.)	or No-	Blac	E — American Indien, k, White, etc.			
B⊀	3 Widowed 4 Divorced	d	IF YES, GIVE V	AR OR DATES	3	1[YES	2 X NO Specify	7.			Spec	White			
	15. DECEDE	ENT'S EDUC	ATION	164	. DECEDENT'S	USUAL OCC	UPATIO	N	16b. Kil	ND OF BUS	BINESS/IN	OUSTRY				
E	(Specify only hig Elementary/Secondary (0-12)	Ť	completed) College (1-4 or 5	,	(Give kind of life. Do NOT u	work done dur se retired.)	ring mos	st of working								
PL	12th		None	" L	Home	maker				wn H	ome					
COMPLETED	17. FATHER'S NAME (First, Middle	e, Last)	None		1101110	marce	Т	18. MOTHER'S NA								
	Alfred	R.	Budd	Sr.				Eva		М.		0	verton			
BE	190. INFORMANT'S NAME (Type)				19b. MAILING	ADDRESS (Street en	nd Number or Rural I	Route Number.		n. State. Zi		VOLCON			
임	James J.	So1	lomon Sr.			me as						,	100			
	20a, METHOD OF DISPOSITION							etery, crematory or		20c. LO	CATION -	- City or To	own, State			
	1 X Buriel 2 Cremation 3 Removal Irom Stata other pla				er place)				l _z				, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY										
	1 SECOND A								AVE. S.W.							
	n. Iyeur	92	Maplei	2		SIN	GLE	TON FUNE	RAL HO	OME,	SLEN	BURN	NIE,MD.21061			
											Approximata interval Between Onset and Death					
	DUE TO (OR AS A CONSEQUENCE OF):															
CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):															
¥.	if any, leading to immediate cause. Enter UNDERLYING S/P MI 1988															
Ĕ	CAUSE (Diseese or injury that initiated events	1	DUE TO	(OR AS A CO	NSEQUENCE O	F):										
F	resulting in deeth) LAST															
EDICAL									b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO							
8	1 D WER O DINO							OF DEATH?								
ME										1 YES 2 NO						
SI	25. WAS CASE REFERRED TO M EXAMINER?	IEDICAL	HOSPITAL:				26. PL	ACE OF DEATH (Ch	eck only one)							
SI	1 TYES 2 THO		1 Inpatient 2	ER/Outpatie	nt 3 DOA	OTHER:	ng Home	5 Residence	8 Other (S	pecify)						
PHYSICIAN:	27. MANNER OF DEATH	mv-	28a. DATE OF (Month, C	INJURY (ay, ,)bag)	28b. TIR	E OF 2	Bc. INJU	URY AT	26d, DESCR	BE HOW I	NJURY O	CURED				
ВУ	1 Netural 5 Per 2 Accident Inve	nding estigation	N	IA		М		ES 2 NO								
	3 Suicide 8 Co	uld not be	28e. PLACE C building	of INJURY — I	At home, farm,	street, factor	y, office		281. LOCATIO	ON (Street own, State)	and Numbe	or Rural	Route Number,			
H	4 Homicide det	ermined			NLA					,						
COMPLETED	29e. CERTIFIER 1 CERTIFY	ING PHYSIC	CIAN: To the best of	my knowledg	e, death occur	red at the tim	e, date	end place, and due	to the cause(e) end me	nner as st	sted.				
<u>N</u>	anal and												(e) end manner as stated.			
	29b. SIGNATURE AND TITLE OF	_		-				29c. LICENSE NUI					D (Monthy Day, Year)			
8	101/01	0/	100	UX.				1790	7		290. DA	2//	2/50			
2	30. NAME AND ADDRESS OF P	ERSON WW	ACON LETED CALL	SE OF DEATH	(ITEM 27) (Tex	Print)		42100	/ (-11	2110			
		61														
	Dr. Carlos Z:		L 32, REGISTRA	O Hamn	nonds I	ane.	Bal	timore.	Maryl	and	_					
	FEB 1 3 1	qqn	Sulia Davi	dran B	ndella											
	IO I	000	4													

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

after death. Page 6 may be retired to the contraction or attending physician.	y the funeral director, page 5 small managed by use as the burial-transit permit. Pages 1, 2, 3 should	noval.	cal examiner must be notified if once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retuined in the continued of the cont	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s men	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be no

BALTIMORE, MARICANO 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MAI				F HEALTH AND OF DEATH		YGIENE EG. NO.		
	Herman Smith						DEATH DAY 9	3. TIME OF DEATH	
and the second s	(Month Day Year)								IPLACE (State or Foreign y) N. J.
2316 Allendale R	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 80. COUNTY OF DEATH 80. COUNTY OF DEATH								
Md Baltimore 100. COUNTY 100. CITY, TOWN OR LOCATION 100. IN COUNTY 100. CITY, TOWN OR LOCATION 100. IN COUNTY									
10c. STREET AND NUMBER 2316 Allendale Road 10f. ZIP CODE USA									
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED 11. WAS DECENDENT OF NISPANIC ORIGIN? (Specity Yes or No— 11. WAS DECENDENT OF NISPANIC ORIGIN? (Specity Yes or No— 12. WAS DECENDENT OF NISPANIC ORIGIN? (Specity Yes or No— 14. RACE — American 15. WAS DECENDENT OF NISPANIC ORIGIN? (Specity Yes or No— 16. White, etc. 16. White, etc. 17. WAS DECENDENT OF NISPANIC ORIGIN? (Specity Yes or No— 18. WAS DECENDENT OF NISPANIC ORIGIN? (Specity Yes or No— 19. Was DECENDENT OR N									k, White, etc.
15, DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)		(Gi	CEDENT'S L Ive kind of w Do NOT use	USUAL OCCU ork done durin retired.)	PATION g most of working	16b. KIP	ID OF BUSINESS/I	INDUSTRY	
17. FATHER'S NAME (First, Middle, Lest) William Smith						AME (First, Midd tie Sm	ith)	
196. INFORMANT'S NAME (Type/Print) Nell Powell		198			root and Number or Aural endale Ro		Olty or Town, State,	Zip Code)	
20e_METHOD OF DISPOSITION 1 ABurlal 2 Cremetton 3 Remove 4 Donation 8 Other (Specify)		20b. PLACE other ple	nce)	Zion	Cemetery, cremetory or		Landsdo		
21. SIGNATURE OF FUNERAL SERVICE LICE Bornal D	20hm	ורסיב		Ma 430	00 Wabash	West Avenue	2		
23. PART I. Enter the diseases, or complete the second shock, or heart feilure. L. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	let enly one cause	on each lina	u	Con	de C			arreat,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		R AS A CONSEC							
PART ii. Other algnificant conditions	contributing to de						. WAS AN AUTOPS PERFORMED? YES 2 NO	SY 246	MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	8/Outpetient 3	□ DOA	OTHER:	26. PLACE OF OEATH (C				
27. MANNER OF DEATH 1 Netural 8 Pending	28e. DATE OF IN. (Month, Day,	JURY	28b. TIME INJ	E OF 28 URY	L INJURY AT WORK?	1	BE NOW INJURY	OCCURED	
2 Accident 3 Suicide 8 Could not be determined 4 Nomicide Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, tactory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER					, date and place, and du				a) and menner as stated.
29b. SIGNATURE AND THE OF CERTIFIER	MO	duli	1		29c. LICENSE NU	729	29d. 0	ATE SIGNE	(Month, Day, Year)
20. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF OEATH-LITE	M 27) (Type,	Print) 30	0 Car	rist	sn B	lud.	
31. DATE FILE PARE BOY 13 1990	Julia Dav	SIGNATURE	ndess						

6	distach		once.	ı
b	B		76	l
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in 5 in by the funeral director. The first of the funeral directors have a siline for invading the distance of the distance of the first of the fi	١	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumetic event, the medical examiner must be notified at once.	
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	funeral		xamin	
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	ly ill	ation	흪	l
	mplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	went,	l
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	1 30	0	mat	ĺ
	iclar	no.	Lan	l
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	E	file	2	ı
2	2	2	3	ĺ

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
1	Elsie E. Schnep	fe				Feb. 9.	1990	11:00 A N				
	212-07-0777		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign				
	820-00-5375	□ M 2 F 99	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12-9-1890	Coun	Md.				
DIRECTOR	9a. FACILITY NAME (If not institution, give atree			9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF					
	Summit Nursing Hor	Cato	nsville		Baltimon	re County						
	10a, STATE 10b, COUNTY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?					
	Md.	N/A	Ba	altimore	3			1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
H	3422 Frederick Ave	Baltimore	, Md.		21229		U. S. A.					
5		2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian, ik, White, etc.				
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify		etty:					
	1000	N/A				N/A		nite				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	mpleted)	18e. DECEDENT'S L (Give kind of wo life. Do NOT use	ork done during mos	IN st of working	16b. KIND OF BUS	SINESS/INDUSTRY					
٦		College (1-4 or 8 +) N/A				475-5						
M	17, FATHER'S NAME (First, Middle, Last)	N/ A	Bookk	eeper	40 1107117010 114	ME (First, Middle, Maiden	nder Bro	wn				
BE	George C. Smith		105 MAILING	DDDECC /Droot o		B. Jacks						
2	George C. Smink					altimore.		7				
1		-90 20b						<u> </u>				
1	20a. METHOD OF DISPOSITION 2-12-90 1 ZBurlel 2 Cremetion 3 Removal from State 4 Donastion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 20c. LOCATION — City or Town, other place) Baltimore. Mo											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	G. Truman Schwab 5151 Baltimore National Pike Baltimore, Md. 21229											
	23. PART I. Enter the diseases, or con	nplications that coused	the death. Do no				iratory arrest,	Approximate				
- 1	ahock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Dear											
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):											
۔ ا	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Advend Insufficiency 2° metostoses Due to (or as a consequence of): Upper GT blecky 2° mobile street when hours											
CERTIFICATION												
3	cause. Enter UNDERLYING Upper GT bleily 20 probable street when hour											
Ĕ	that initiated events											
	resulting in death) LAST											
	PART II. Other significant conditions contributing to death but not resulting in the underlying course given in Bart I. As a Mile AM AUTORON											
NA	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILIABLE PRIOR TO COMPLETION OF CAUSE.											
PHYSICIAN: MEDIC	CIP May 1 blood	Chake	A.			1 YES 2	NO	OF DEATH?				
E	30 100000	Droves	/ 0 -	-		_		1 TYES 2 NO				
N N	111111111111111111111111111111111111111	groudism	- (Asx									
2		IOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)						
IYS	1 YES 2 DATO 1	Inpatient 2 ER/Outp	estiont 3 DOA	Nursing Hom		8 Other (Specify)						
	1 Netural 8 Pending	(Month, Day, Year)	28b, TIME INJU		RK?	28d. DESCRIBE HOW	INJURY OCCURED					
BY	2 Accident investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	— At home farm at			28f. LOCATION (Street and Number or Rural Route Number.						
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Spec	elfy)	,,		City or Town, State)		, rode variou,				
٦	29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.											
OME	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(a) and menner as stated.											
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
) BE	Plant Hanson MD.											
5	30 NAME AND ADDRESS OF PERSON WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1001 Pine Height Ave.											
					Dave.	1-54	21229					
	FEB 1 3 1990	THE DEVICE	Market									

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ORE, MARYLAND 21203-3146

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.5 hours after a TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the late within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Nem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical expents. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

nnal Hygiene prior to burial, cremation, or removal. ry, or other traumatic event, the medical examiner must be notified at once.			
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF HI		MENTAL HYGIENE REG. NO.		, 0000				
	1. DECEDENT'S NAME (Flor, Middle Last)	(A. S)	neth		2. DATE OF DEATH	1990	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F S F Y	rhday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH.	S. BIR	THPLACE (State or Foreign ntry) MD				
OR	162 GN WAShIN STONST SOLD A Shin STONST Stons St										
DIRECTOR	100. STATE 10b. COUNT			10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL [100. STREET AND NUMBER	where to St. 21213 10g. CITIZEN OF WHAT									
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE									
	3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade)	e completed) (Give kil	ENT'S USUAL OCCUPATION ind of work done during mos NOT use meind.)		16b. KIND OF BUS	NESS/INDUSTRY	Brock				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Ille. Do NOT use retired.) Aug. L. L. L. L. L. L. L. L. L. L. L. L. L.										
BE CC	17. FATHER'S NAME (First, Middle, Last)	7 ranklys		Sa	ME (First, Middle, Malden S	Jur	ner				
10	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4165 W revered One Balt 2121										
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State other place	Plutten	Pol 34.	200. LOC	Palle	town, State				
	11. SIGNATURE OF FUNERAL SERVICE LI	Inder hon	1304	n. Ce	ala Ce	e B	all ma				
	shock, or heart fallure.	complications that caused the death. List only one cause on each line.	. Do not enter the mod	le of dyling, suci	h as cardlec or reapli	atory arrest,	Approximate Interval Batween Onset and Death				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):										
NOI	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events C. DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY ENDINGS										
DICAL	- Att II. Other agrinoant condition	The Contributing to describe not resu	and the orderlying	Cadaa given iii	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDIC					_		1 TES 2 NO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 1	OTHER:	ACE OF DEATH (Ch	6 Cher (Specify)						
Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	(Month, Day, Year)	Bb. TIME OF 28c. INJURY WO 1 1 Y	IRY AT RK? ES 2 NO	28d. DESCRIBE HOW II	DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - At home	farm, street, factory, office		al Route Number,						
COMPLETED	and any	SICIAN: To the best of my knowledge, death					e(s) and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIE			29C. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 21 9 9							
5		THO COMPLETED CAUSE OF DEATH (ITEM 27	7) (Type, Print)								
	31. FEB 13 1990	32. PEGISTRAR'S SYMATURE OF	<u> </u>								

ARYLAND 21203-3146

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BALTIN	TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar
m	rs after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	cles
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	e deat	he affe	Jury,
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	1 - STATE REGISTRAR STATE OF MARYLAND / D		CATE					YGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I		NA.	YEAR	3. TIME OF DEATH	
	william Sves	0.01		IF UNDER		2 12 90				11:24 AM		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last b)						7. DATE OF E	V. Year	11	Countr		
	9a. FACILITY NAME (If not institution, give street and number)	TOWN O	R LOCATIO	ON OF DE	ATH	-7	9c. COL	IMTY OF D	ryland EATH			
OR	Mason F Lord Chronic Hosp. Baltimore								Ra	Itin	nore City	
ECT	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c. CITY	r, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
DIRECTOR	Md. Baltimore			Esse							LIMITS?	
	10e. STREET AND NUMBER			101.	ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	21 Avenal Road					221			USA			
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS OCCEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		11	f yes, spe	ENDENT O Icify Cubac 2 NO	F NISPANI n, Maxican Specify:	IC ORIGIN? (S n, Puerto Ricer	pecify Yea n, etc.)	or No—		— American Indian, , white, etc. White	
8	(Give (Specify only highest grade completed)	kind of v	USUAL OC	CCUPATIO	N st of workin	a	16b. KIN	D OF BUS	BINESS/IN	DUSTRY		
E	FlamestanulSacondany (0.12) College (1.4 or 5.4)	o NOT us	e retired.) enend			-	E	Beth	Stee	21		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	_			16. MOTH	IER'S NAM	ME (First, Middl	le, Malden	Sumame)			
BE C	Joseph Svec						Kuta		,			
TO B	198. INFORMANT'S NAME (Type/Print) Ruth Svec	MAILING 21 A	ADDRESS Vena.	l Ro	nd Number ad	or Aural A Balt	qute Number, (1MOTE	Mary	lanc	212	21	
- 1	20e. METHOO OF DISPOSITION 1 3 Burlel 2 Cremation 3 Removal from State other place		ITION (Na	me of cen	netery, crem	atory or				- City or To		
									nore	MAryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home 300 MACE AV									Ave. 21221		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, ahock, or heer veiture. List only one cause on each line.											
	Onset and Death											
	disease or condition resulting in death) Congestive Heart Failure Due to (or as a consequence of): Chronic Renal Failure Sequentially list conditions, Out to or as a consequence of):											
NO.												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c. Diabetes Mellitus											
	that initiated events DUE TO (OR AS A CONSEQUE reaulting in death) LAST	ENCE OF	ร์:									
CER	d											
CAL	DEDECRMENT AND A										WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
Dig	Hyperrasion, 1143 ChD	1	4	w	,		1 (YES 2	MO		OF DEATH?	
ME							-				1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL		-	26. PL	ACE OF D	EATH (Che	ock only one)					
BY PHYSICIAN: MED	EXAMINER? 1 YES 2 NO 1 inpatient 2 ER/Outpatient 3	DOA	OTHE 4 Mun		e 5 □ Re	eldence	e 🗆 Other (Sp	pecify)				
PH	27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year)	25b. TIM INJ	URY		RK?		28d. DEŞCRI	BE NOW I	NJURY O	CCURED		
	2 Accident Investigation 28e, PLACE OF INJURY — At home	e. ferm. s	M street, facts		/ES 2 [NO	261, LOCATIO	ON (Street a	and Numb	or or Rural I	Prosta Normber	
ETED	4 Homicide datarmined building, stc. (Specify)							own, State)	THE PROPERTY OF		vois (voison)	
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.											
BE	296. SIGNATURE AND TITLE OF GERTUFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 297. 12.90											
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type,		7	AVE	,	Bal	240	Mi	,		
	31. DATE PLED (Month, Day, Your) 2/12/2013 1990 Julia Jundson-No	nder			116			,, 0)	110		***	
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	A	ECT	s al	12	ı
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-4-10-urs after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, particularly and some particular of the complete of the complete of the control of the con	HOUR	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	
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	1. DECEDENT'S NAME (First,									2. DATE OF MONTH	DA	γ	YEAR	3. TIME OF DEATH	
	GABRIEL	HILLE		TYDINGS	-,-					FEB.	17	19		10:45 P.	M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. las		IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, D	wy. Year)		8. BIRTH Countr	PLACE (State or Foreign y)	
	533-28-4431		1 X M 2 - F	62	YRS.					May	2 1	927		yland	
	9s. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	HTA		9c. COV	NTY OF D	EATH	
0	St. Agnes H	ospita	1			Ва	ltir	nore	City	7		Bal	timo	re City	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY	Ξ
E	Maryland	Rol+	imore Co	untu		alti								LIMITS?	
	10e. STREET AND NUMBER	Dait	Imore co	unty	1	altı		f. ZIP COD	F			10m CIT	ZEN OF V	VHAT COUNTRY?	-
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FUNERAL	6 Hummingbi	ra cou		NT EVER IN U.S. AR	MED	149	WAS DE			IIC ORIGIN? (Danath, Mon		SA	— American Indian.	_
	1 Never Married 2 🔀	Married		NAR OR DATES			If yes, sp	ecity Cubi	ın, Maxica	n, Puerto Rici		or No-	Black	t, White, etc.	
84	3 Widowed 4 Divo	rced	IF YES, OIVE	W.W	.TT		1 L TES	2 X NO	Specif	γ:			Speci	White	
	15. DEC	EDENT'S EDU	CATION	18a, DE	CEDENT'S	USUAL O	CCUPATI	ON		16b. KI	ND OF BUS	INESS/INE	DUSTRY		-
<u> </u>	Elementary/Secondary (0	1	College (1-4 or 5		Do NOT u	work done se retired.)	during me	ost of worki	ng						
필	7th		None	Me	echan	ic				P	.I.E.	Tru	ckin	g Co.	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	NER'S NA	ME (First, Mid	dle, Malden	Surname)			
BEC	Gabriel	Hil	lery	Tydings	Sr.			Agr	ies		C.		Ande	rson	
	19a. INFORMANT'S NAME (7	ypa/Print)		191	. MAILING	ADDRES	S (Street	and Numbe	r or Rural I	Route Number,	City or Town	n, State, Zip	Code)		_
2	Sharon L.	Hobbs		53	343 J	ames	town	n Cou	ırt,	Balti	more,	Mar	ylan	d 21229	
	20a. METHOD OF DISPOSIT	ION	mml from State	20b. PLACE other ple	OF DISPO	SITION (N	ame of ce	metery, cree	natory or		20c. LO	CATION —	City or To	wn, State	
	4 Donation 5 Other		OVALI ITOMI STATE			and V	etei	cans	Ceme	etery	Cro	wnsv	ille	, Maryland	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY	1	SEC	OND	AVE. S.W.	
	12 x/2		glob!	_		ST	NCLI	TON	FIINE	PAT. H				IE,MD.2106	
	23. PART I. Enter the d	iseases, or	comblicatione the	et caused the de	ath. Dp									Approximate	_
	shock, or h	eert feliure.	Liet only one ca	use on each line							o bi toopi	atory an	· out,	Interval Between	
	IMMEDIATE CAUSE (Fir disease or condition	nel	1	Ca										Onset and Dea	th
	resulting in death)	->	a. LUN	OR AS A CONSEC	MUCA DIENCE O	150								6 mount	
_		_	^											2day	
CERTIFICATION	Sequentially list condit			OR AS A CONSE		NF):								200	0
Ä	If any, leading to imme cause. Enter UNDERLY	ING													7
Ē	CAUSE (Disease or injute that initiated events	IIY	DUE TO	OR AS A CONSE	DUENCE O	F):									
R	resulting in death) LAS	т	d.												
	DART II Other significa			dieth bio	444									1	
EDICAL	PART II. Other aignifica	int condition	is contributing to	death out not r	eauning	in the u	паепуіп	g cause	given in	Part I. 2	e. WAS AN		24b	MAILABLE PRIOR TO	
ă				1						1	YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?	
Σ														1 TYES 2 NO	
Ä															
2	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HQSPITAL:			OTHE		LACE OF I	DEATN (Ch	eck only one)					_
PHYSICIAN:	1 TES 2 NO			ER/Outpatient 3		4 🗆 Nu	rsing Hor		esidence	8 Other (
H	27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIR	JURY	W	JURY AT DRK?		20d. DESCR	HBE HOW I	NJURY OC	CURED		
BY	2 Accident	Investigation				М		YES 2	_ NO						
9	3 Suicide 8 4 Homicide	Could not be determined	288, PLACE building	OF INJURY — At ho , etc. (Specify)	me, farm,	street, fac	tory, offic	DB			ON (Street a Town, State)	ind Numbe	r or Rural i	Route Number,	
길		TIFYINO PNYS	ICIAN: To the best of	f my knowledge, de	ath occur	red at the	Ilme, date	and place	, and due	to the cause	(a) and mar	mer as ata	ted.		
COMPLET	one) 2 MED	ICAL EXAMINE	R: On the basis of	examination end/or	investigati	on, in my	opinion,	death occu	red at the	time, dete er	d place, en	d dua to 1	he cause(i	n) and manner as stated.	
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
10 8	alter	W	MID										211	2 190	
F	30. NOME AND ADDRESS O	PERSON WN	O COMPLETED CAL	SE OF DEATH (ITE	M 27) (Type	n, Print)		-A A							
	Chassyn	May	Vi /	81. A	over	the	MU	للعل							
ĺ	TED 4 0	1000	32. RECESTR	AR'S SIGNATURE	BIZ.		1								
	FEB 13	1930	COLUMN TENDER	ALCOHOL: N	-										

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	1 - STATE REGISTRAR	SIAIE UF M		CERTIF					MENIAL	REG. NO.			F F F =
	1. DECEDENT'S NAME (First, Middle, Last)			19					2. DATE	OF OEATH	,	YEAR	3. TIME OF DEATH
	Alvi	n I			T	'homas	5			-7 - 90	*	TEAH	5:25PM M
	4. SOCIAL SECURITY NUMBER 5.	SEX	8. AGE (In yrs	. lest birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.		OF BIRTH		BIRTHP	LACE (State or Foreign
	213 88 5206	□ M 2 □ F	27	YRS.	MONTHS	DAYS	HOURS	MIN.		. Day, Year) 2/63	ł	Country)	'
	9e. FACILITY NAME (If not institution, give street	45 1	21		9b. CIT	TY, TOWN O	R LOCATIO	ON OF DE		4/03	9c. COUNT	Md Y OF DE	ATH
Œ	1034 N. Bentalou	Stroot				Dal+	more	Cit	- 7 7				
읽	RESIDENCE OF DECEDENT	street				Balt:	THOTE	CIC	<u>- y</u>				
Ĭ	10a. STATE 10b. COUNTY				-	OR LOCAT							10d. INSIDE CITY LIMITS?
DIRECTOR	Md.			В	alt	imor	e						1 XYES 2 NO
A	10e. STREET AND NUMBER					101.	ZIP CODI		_		10g. CITIZI	N OF W	HAT COUNTRY?
ER	1034 N. Bental	ou St.					21:	216				U.	S.A.
FUNERAL	11. MARITAL STATUS 12	. WAS DECEDENT			13					? (Specify Yee	or No- 1	4. RACE	- American Indian, White, etc.
II.	XX Never Married 2 Merried	FORCES? N	AR OR DATES	NO		If yes, spe				ticen, etc.)			
В	3 Widowed 4 Divorced	IF YES, GIVE W	3				2346	,				BI	ack
ED	15. DECEDENT'S EDUCATE (Specify only highest grade con	ON notetorf)	16a	DECEDENT'S	USUAL	OCCUPATIO	IN et of workin		16b.	KIND OF BUS	INESS/INDU	STRY	
Ē		College (1-4 or 5 +)	(Give kind of life. Do NOT u			n or workin	W					
<u>A</u>				Dr	ive	r				Truc	king		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	IER'S NAI	ME (First, A	fiddle, Meiden	Sumeme)		
BEC	Daury	Foster					Ire	ene		Т	homa	S	
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRE	SS (Street a	nd Number	or Rural F	loute Numb	er, City or Town	, State, Zip C	Code)	
5	Irene Vaughan			1911	Ev	ergr	een	Pl.	Po	rtsmi	th,	۷a.	23704
1	200. METHOD OF DISPOSITION		20b. PL/	ICE OF DISPO						_	CATION — C		
	1 X Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State	Kir	or place)	emo	rial	Par	rk		Ba	1to	Mo	3
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		2	22	2. NAME AN	D AODRE	SS OF FAC	CILITY			1.10	4.
	Hamer a. 7	m. to	44.3							n & S			
													d. 21217
	23. PART I. Enter the diseases, or com- shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	HANGIN	se on each	line.		er the mo	de or dy	ing, suci	1 es carc	nec or respi	retory arre	st,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A COI	NSEQUENCE C	PF):								
	PART II. Other significant conditions of	ontributing to	death but n	ot resulting	in the	underlying	cause	given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
S	Stab wound to ab	domen	and cu	its to	lef	t wr	ist a	and a	arm	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED										AA TES 2			OF DEATH?
Σ									- 1			'	YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					00.00	ACE OF D	EATH OOL	eck only on				·
2	EXAMINER?	OSPITAL:			отн	ER:				,			
YS		☐ Inpatient 2 ☐				ursing Hom		sidence					
ВУ РН	27. MANNER OF DEATH 1 Netural S Pending 2 Accident Investigation	28a. DATE OF (Month, D FOUND			L5P ^M		URY AT	NO.	Subje Subje	ect st ect r	abbed anged	& C	ut self and
	XXXX Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — / etc. (Specify)		street, fo	actory, offic	•		281, LOC	ATION (Street a	and Number o	OU S	outo Number, Street,Balto
COMPLETED	290. CERTIFIER (Check only 2 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: 0											d.	end menner es stated.
BE	296. CHATTER AND TYLE OF CENTIFIER							ENSE NUI			29d. DATE		(Month, Day, Year)
2	JAMES KAPLAN, MD	COMPLETED CAUS	SE OF DEATH			enn S			ltim	ore,M			V
	1					L		,				-	V

firector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 5 may be retained by the hospital or attending physician. **ORE, MARYLAND** 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery med in by the filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremition, or man DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical

mer must be notified at once.

DHMH-16 Rev 1/89

DALLIMOR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
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DIVISION OF VITAL RECORDS, P.O. BOA 13146,	DR AT	OURS S	me
7	MAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it is fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	H H
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	FOR STATE OF REGISTRAR) / DEPARTI			ENTAL HYGIE		0000000
	1. DECEDENT'S NAME (First, Middle, Lest)		AMES T		DEATH		2-9-90 PAY SYEA	3. TIME OF DEATH 35 A
	4. SOCIAL SECURITY NUMBER 5. SEX 228-28-5414 1 5 M 2 0 F	6. AGE (In yrs	YRS.	F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 03-27-2	2 V:	erinplace (State or Foreign untry) inginia
TOR	9a. FACILITY NAME (If not institution, give street and number) Loch Raven Veterans RESIDENCE OF DECEDENT	Hosp			timore		9c. COUNTY O	
DIRECTOR	Maryland none			timore				10d. INSIDE CITY LIMITS? 1XXYES 2 NO
FUNERAL	1651 Freedomway				21213		Unite	d States
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U.S 1 YES 2 WAR OR OATES	NO	If yes, sp	ENDENT OF HISPANI belty Cuban, Maxican 25 NO Specify:	C ORIGIN? (Specify Y Puerto Ricen, etc.)	8	ACE — American Indian, lack, White, atc.
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a	. OECEDENT'S US	SUAL OCCUPATION MORE	IN et of working	16b. KIND OF B	USINESS/INDUSTR	
COMPLE	Elementary/Secondary (0-12) College (1-4 or the secondary College College College (1-4 or the secondary College Colleg	+) C	life. Do NOT use i	etired.)) West	inghou	se
3	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maide		
1	James Neal Taylor					ce Cart		
	190. INFORMANT'S NAME (Type/Print) SARAH LEE TAYLOR					oute Number, City or To		
	20a, METHOD OF DISPOSITION A Burlel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)	oth	ACE OF OISPOSIT	ION (Name of cer	netery, crematory or	20c. L	OCATION — City o	town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1100	n dr	22. NAME AN	in B. S	cruggs	Funera	
	23. PART I. Enter the diseases, or complications the	nt counsed the	death. Do not					Approximeta
	ahock, or heert feliure. List only one of IMMEDIATE CAUSE (Finel disease or condition resulting in death)		ns (s	EPSIS)			Interval Between Onset and Death
FULLICATION	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	Muk O OR AS A CON	NSEQUENCE OF): (C) (C) R NSEQUENCE OF):	1 S/P	MUH C	ZVA		
	PART II. Other aignificent conditions contributing to	o deeth but n	ot reaulting in	the underlying	g ceuse given in F		DRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
THISICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 11/2 Inputtent 2			26. PI	ACE OF DEATH (Che	ck only one)		1 NES 2 NO
	27. MANNEB OF CEATH 28a. DATE C	ER/Outpatier F INJURY Day, Year)		OF 28c. INJ	RK?	Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	
	2 Accident Investigation 28a. PLACE	OF INJURY — / I, etc. (Specify)	At home, farm, str		/ES 2 NO	261. LOCATION (Street City or Town, State	t and Number or Ru e)	ral Route Number,
ממווו ברו בה	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of							se(s) and manner as stated.
2	296. SIGNATURE AND TITLE OF CERTIFIER	Ru	hm	N	29c. LICENSE NUM	BER	29d. DATE SIG	2-9-90
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	DEATH	(ITEM 27) (Type, P		Raven V	eteran	Hospit	

31. DATE FILED (Nooth Day Year) 3 1990 32. REALSTRANGE SIGNATURE AND STANDARD SIGNATURE AND STANDARD SIGNATURE

1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT		MENTAL HYGIEN	IE CO	
1. DECEDENT'S NAME (First, Middle, Let		Way.		2. DATE OF DEATH	S AR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2.16-36-72-95 90. FACILITY NAME (If not Institution, give	6. SEX 6. AGE (In yrs. I	YRS. MATHS	R 1 YEAR IF UNDER 24 HRS. F 'YS HOURS MIN. Y, TOWN OR LOCATION OF O	7. DATE OF BIRTH (Month, Day, Year)	19 4 9c. COUNTY	BIRTHPLACE (State or Foreign Country)
UNIVERSION RESIDENCE OF DECEDENT	y of MD.	B	allimore	EATH	ma	ryland
10e, STATE 10b, COU	NTY	BA 17	OR LOCATION LIMBE			10d. INSIDE CITY UMITS? 1 YES 2 NO
5703 RUK	in AUE		101. ZIP CODE 2/2/	5		N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	NO	WAS DECENOENT OF NISPA If yes, specify Cyben, Maxico 1 YES 2 NO Specif	nn, Puerto Rican, atc.)	s or No — 14	Black, White, atc. Specify: Black
15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)	ide completed)	DECEDENT'S USUAL O (Give kind of work done the Do NOT use retired.)	during most of working	16b. KIND OF BU	SINESS/INDUS	TRY
17. FATNER'S NAME (First, Middle, Last) ELMER WE.	st, se.		18. MOTHER'S N	AME (First, Middle, Meider	1 Sumame)	n N
19a. INFORMANT'S NAME (Type/Print) EARL WOOD	LAND		S (Street and Number or Rural UBIN AVE	BAlti	MORE,	MD 1123
Donation 8 Other (Specify)	emoval from State 17 other	PLISON FO	one of cometery, crematory or OREST V.A.	CEM. OU	OCATION - CH	mills, HD
21. SIGNATURE OF FUNERAL SERVICE	Horris	22.	NAME AND ADDRESS OF FA			BAILO: MD Z
shock, or heart fallur immediaTe CAUSE (Final disease or condition resulting in death)	s. Se OSIS	ne.	r the mode of dying, au	ch as cardiac or reap	biratory srres	t, Approximsta Interval Batwee Onset and Dast
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	nre	IROS			
- Circhesi Dinbete	ions contributing to death but not	t resulting In the u	ndarlying cause given in		RMEO?	24b, WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)		
1 Tes 2 No 27. MANNER OF DEATN	1 Finpatient 2 ER/Outpatient 28s. DATE OF INJURY (Month, Day, Year)	28b, TIME OF	rsing Nome 5 Residence 28c. INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCU	RED
1 Natural 5 Pending 2 Accident Investigation	28e PLACE OF IN HIPY At	М	1 YES 2 NO	281. LOCATION (Street	and Number or	Burnt Doubs Number
3 Suicide 6 Could not determined	building, atc. (Specify)			City or Town, State)	THE FRANCE
(Ollock off)	YSICIAN: to the best of my knowledge,					
256. SIGNATURE AND TITLE OF CENTS	Dasil 10	7.17.	29c. LICENSE NU	MBER	29d. DATE 8	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON,	MIO COMPLETEO CAUSE OF OBATH (I	TEM 27 (Type, Print)				
31. DATE FILES (PEND DON MAY) 199	32 REGISTRAR'S SIGNATURE 30 July Davidson	andell				

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	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely or some above death with the State Dante of Health and Mental Horisone notice to burial criema.	the tem 28 is marked, or item 23 shows any injury, or other traumatic event,

*	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIEN REG. NO.	E		
-	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			TIME OF DEATH
	Pauling	e V. Wieland				Feb.	12,	ĭ990	AR (9:30 A.M.M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIOTH	0.1	BIRTHPLA	CE (State or Foreign
	218 54 4403 9s. FACILITY NAME (If not institution, give	1 - M 2 1 F 89		MONTHS DAYS	HOURS MIN.	Nov.	23,	1900 '	Mary	land
HO.	Ivy Hall Geriat			Esse:	R LOCATION OF OR	EATH		Balt:		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	PV	l so com	Y, TOWN OR LOCAT						1. INSIDE CITY
DIRECTOR		 Ltimore Count		erry Ha						LIMITS?
	10e. STREET AND NUMBER	ectiliore codific	у 1		ZIP CODE			10g. CITIZEN		
¥	The state of the s			101						COUNTRY?
FUNEHAL	4107 Kahlston F				21236				.A.	
2	1 Never Married 2 Married	12. WAS OECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN relfy Cuban, Maxica	in, Puerto R		or No 14.	Black, W	American Indian, hita, etc.
Z R	3 💢 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR I	DATES	1 TYES	2 NO Specify	y:		l L	Specify: Vhit	2
ا د	15. DECEDENT'S EO	UCATION	16e, DECEDENT'S	USUAL OCCUPATION	N .	16b.	KIND OF BUS	SINESS/INDUST		
COMPLETE	(Specify only highest grad Elementary/Secondary (0-12)	te completed) College (1-4 or 5+)	(Give kind of a	vork done during mo se retired.)	st of working		1917 101-11	917.722.27.		
7	6th	Contage (1-4 of 5 7)	Home	emaker						
5	17. FATHER'S NAME (First, Middle, Last)		110	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	18. MOTHER'S NA	ME (First, N	fiddle, Melden	Surneme)		
- 4	William Frederi	lck Spurrier			Gert	rude	Rose	Frock		
监	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural				le)	
2	Joan W. Edwards	2			on Road,					21236
	20g, METHOD OF DISPOSITION	20	b. PLACE OF DISPOS	SITION (Name of cer	netery, cremetory or	Dare		CATION City		
	1 X Buriel 2 Cremetion 3 Red 4 Donation 5 Dother (Specify)	moval from State	Parkwood	d cemete	ry		Bal	timore	Ma	ryland
ļ	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE				CILITYPA				ral Home
	▶ Burgee-Henss	Funeral Home		3631	Falls R	oad,	Balti	more, l	1d.	21211
	23. PART i. Enter the diseases, Di			not anter the mo	de of dying, suc	h as cerd	lec or resp	retory arrest		Approximate
-	MEDIATE CAUSE (Final	. List only one ceuse on	each line.							Interval Between Onset and Daath
	pese or condition	. Co	unay	anter	7 20	rear	L			
P	Auting in deetin)	DUE TO (OR AS	A CONSEQUENCE O	F):	1			/		
z		Con	A CONSEQUENCE OF	va aul	an c	Ree	ude	~-		
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):						
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	C								<u> </u>
=	that initiated eventa	DUE TO (OR AS	A CONSEQUENCE O	F):						
E	resulting in deeth) LAST	d								
_	PART il. Other significant condition	ons contribution to death	but not resulting	In the underlylo	. Cause alven In	Part I	24e. WAS AN	AUTOBOV	245 WE	RE AUTOPSY FINDINGS
A	TAIT III OTHER SIGNIFICANT OFFICE	obiting to death	but not readiting	m the underlying	d cause diven in	rait i.	PERFO		AW	AILABLE PRIOR TO
MEDIC							1 TYES 2	□ NO		MPLETION OF CAUSE DEATH?
Ĕ						— 1			1 [YES 2 NO
PHYSICIAN:										
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI OTHER:	ACE OF DEATH (Ch	eck only on	e)			
2	1 TYES 2 NO	1 Inpatient 2 ER/Ou		4 - Nursing Horr	e 5 🗆 Rasidence					
표	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO	RK?	26d. DES	CRIBE HOW	NJURY OCCUR	EO	
B	t Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not b	28s. PLACE OF INJUR building, atc. (Sp	Y — Al home, farm, acify)	street, factory, offic		26f, LOC	ATION (Street or Town, State)	and Number or I	Rural Flout	Number,
	4 Homicide determined									
COMPLETED	(Orlock Orly	SICIAN: To the best of my kno NER: On the basic of examinati							nuse(s) sr	of manner se stated
8				,, opmnost, t			J. Tai prince, et			
H R	29b. SIGNATURE AND TITLE OF CERTIF	()			29c. LICENSE NU	11	1			onth, Day, Year)
2	26 NAME AND ADDRESS OF BERSON W	UNO COMPLETED CAUSE OF S	EATH //TEM AT /~	(heint)	1)50	64	Ţ	ol.	12	90
	30. NAME AND ADDRESS OF PERSON W	SL. Suit	308	Ba	Hemo	ore:	W	Da.	120	51
	31. DATE THEO From . Og. 1000	32. REGISTRAR'S SIG	VATURE -	-77						
- 1	- 100U	THE WELLEN	Manar							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or rem	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
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JE.	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last,	, _	1.10-	CATE OF DEATH	REG. NO. 2. DATE OF CEATH MONTH PAY	3. TIME OF	OEATH
1	LELAN	D	WHYTS		02/09/1990	2	35 p
	4. SOCIAL SECURITY NUMBER 215-18-3203 - A	1 M 2 □ F	83 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. RONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Minish, Day, Veer) 08/29/1906	8. BIRTHPLACE (Steen Country)	or Foreign
	9a. FACILITY NAME (If not institution, give LIBERTY MEDICAL	center		BALTIMORE CI		COUNTY OF DEATH	
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY	10c. CITY,	TOWN OR LOCATION		10d, INSIDI	CITY
	Maryland		B	altimore City		LIMITS N/O/YES	
	100. STREET AND NUMBER 740 Poplar 6	jrove Street		101. ZIP CODE 21.21.0		CITIZEN OF WHAT COUNT	
	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	R IN US ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 — YES 2 — NO Spec	ANIC ORIGIN? (Specify Yea or Notian, Puerto Rican, atc.)	Black, White, atc.	n Indian,
	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) Grade School	College (1-4 or 5+)		SUAL OCCUPATION rk done during most of working retired.) (Custodian)	166. KIND OF BUSINESS	Apartments	
	17. FATHER'S NAME (First, Middle, Last) Will Abbott	Watts			AME (First, Middle, Maiden Surnan	ne)	
	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Number or Rura	I Route Number, City or Town, State		
	Luvenia Jenkins		4100	Dorchester Road	d, Baltimore,	Maryland 2	21207
	20s METHOD OF DISPOSITION XX Burlal 2 Cremation 3X Ra- 4 Donation 5 Other (Specify)	moval from State	Wharton C	TION (Name of cometery, crematory or emetery		N - City or Town, Stata ey, Virgin	ía
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE N. TH	2	NUTTER FUNE	AL HOMES, IN Falls Pkwy.,	21216	10
- 11		b	S A CONSEQUENCE OF)	:			
	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	с	S A CONSEQUENCE OF)	:			
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to (or A			n Part I. 24s. WAS AN AUTO	PSY 24b, WERE AUTO	PSY FINDING
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR A	h but not resulting in	the underlying cause given i	DEDECORMECO	AVAILABLE	PRIOR TO IN OF CAUSE
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR A	h but not resulting in	the underlying cause given i	DEDECORMECO	O OF DEATH?	PRIOR TO IN OF CAUSE
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condit	c. OUE TO (OR A	h but not resulting in 2 ル インンを / A SC か 2 A		PERFORMEO? 1 YES 2 Ni Check only one)	O OF DEATH?	PRIOR TO IN OF CAUSE
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condit	one contributing to death Conscious to the service of the service	th but not resulting in 2 \(\mathcal{D} \subseteq \mathcal{D} \) 1 \(\mathcal{D} \subseteq \mathcal{D} \) 1 \(\mathcal{D} \subseteq \mathcal{D} \) 20 \(\mathcal{D} \) 1 \(\mathcal{D} \) 20 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 20 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 20 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 20 \(\mathcal{D} \) 1 \(\mathcal{D} \) 20 \(\mathcal{D} \) 1 \(\mathcal{D} \) 20 \(\mathcal{D} \) 1 \(\mathcal{D} \) 20 \(\mathcal{D} \) 1 \(\mathcal{D} \) 20 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 20 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 2 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 2 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 2 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 2 \(\mathcal{D} \) 1 \(\mathcal{D} \) 2 \(\mathcal{D} \) 1 \(\mathcal{D} \) 2 \(\mathcal{D} \) 2 \(\mathcal{D} \mathcal{D} \) 2 \(\mathcal{D} \) 1 \(\mathcal{D} \) 2 \(\mathcal{D} \) 2 \(\mathcal{D} \) 2 \(\mathcal{D} \) 2 \(\mathcal{D} \) 2 \(\mathcal{D} \) 3 \(\mathcal{D} \) 2 \(\mathcal{D} \) 3 \(\mathcal{D} \) 3 \(\mathcal{D} \) 4 \(\mathcal{D} \) 1 \(\mathcal{D} \) 2 \(\mathcal{D} \) 3 \(\mathcal{D} \) 2 \(\mathcal{D} \) 3 \(\mathcal{D} \) 3 \(\mathcal{D} \) 4 \(\mathcal{D} \) 1 \(\mathcal{D} \) 2 \(\mathcal{D} \) 3 \(\mathcal{D} \) 4 \(\mathcal{D} \) 2 \(\mathcal{D} \) 3 \(\mathcal{D} \) 3 \(\mathcal{D} \) 4 \(\mathcal{D} \) 5 \(\mathcal{D} \) 1 \(\mathcal{D} \) 1 \(\mathcal{D} \) 2 \(\mathcal{D} \) 1 \(\mathcal{D} \) 2 \(\mathcal{D} \) 2 \(\mathcal{D} \) 3 \(\mathcal{D} \) 3 \(\mathcal{D} \) 3 \(\mathcal{D} \) 4 \(\mathcal{D} \) 3 \(\mathcal{D} \) 4 \(\mathcal{D} \) 5 \(\mathcal{D} \) 5 \(\mathcal{D} \)	The underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying as a part of the underlying cause given in the unde	PERFORMEO? 1 YES 2 Ni Check only one)	O COMPLETIC OF DEATH? 1 YES	PRIOR TO IN OF CAUSE
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are interested in the significant conditions. The significant conditions are interested in the significant conditions. The significant conditions are interested in the significant conditions. The significant conditions are interested in the significant conditions. The significant conditions are interested in the significant conditions. The significant conditions are interested in the significant conditions. The significant conditions are interested in the significant conditions. The significant conditions are interested in the significant conditions. The significant conditions are interested in the significant conditions are interested in the significant conditions. The significant conditions are interested in the significant conditions. The significant conditions are interested in the significant conditions are interested in the significant conditions. The significant conditions are interested in the significant conditions are interested in the significant conditions. The significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions. The significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant conditions are interested in the significant	OUE TO (OR A d. Ons contributing to death IEN AN ON OIC OTBST HIETZ AL HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR 28e. PLACE OF INJUR	h but not resulting in 2 \(\mathcal{D} \) \(\mathcal{D} \) \(\mathcal{D} \) 1 \(A \) S \(\mathcal{D} \) \(\mathcal{D} \) 20 \(\mathcal{D} \) 1 \(\mathcal{D} \) 20 \(\mathcal{D} \) 1 \	The underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying as a part of the underlying cause given in the unde	PERFORMEO? 1 YES 2 Ni Check only one) 6 Other (Specify)	O AMILABLE COMPLETIC OF DEATH? 1 YES	PRIOR TO N OF CAUSE 2 NO
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	OUE TO (OR A d. One contributing to death CONTRIBUTION OFFICE OF INJU CONTRIBUTION OFFICE OF INJU CONTRIBUTION OFFICE OF INJU CONTRIBUTION OFFICE OF INJU CONTRIBUTION OFFICE OF INJU CONTRIBUTION OFFICE OF INJU CONTRIBUTION OFFICE OF INJU CONTRIBUTION OFFICE OF INJU CONTRIBUTION OFFICE OF INJU CONTRIBUTION OFFICE OF INJU CONTRIBUTION OFFICE OF INJU CONTRIBUTION OFFICE OFFINA OFFICE OFFINA OFFICE OFFINA OFFICE OFFINA OFFICE OFFINA OFFICE OFFINA OFFICE OFFINA OFFICE OFFINA OFFICE OFFINA OFFICE OFFINA OFFICE OFFINA OFFICE OFFINA OFFICE OFFINA OFFICE OFFINA OFFI O	h but not resulting in 2 1/2 / 25 / 26 / A SCN 2 A butpatiant 3 DOA RY 28b. TIME INJU JRY — At home, farm, at poorly)	The underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying as a part of the underlying cause given in the unde	PERFORMEO? 1 YES 2 NI Check only one) 6 Other (Specify) 26d. DESCRIBE HOW INJURY 26f. LOCATION (Street and Nu City or Rown, State)	AMALABLE COMPLETIC OF DEATH? 1 YES 7 OCCURED Imber or Rural Route Numbe	PRIOR TO IN OF CAUSE 2 NO
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition of the cause of the condition of the cause of	OUE TO (OR A d. One contributing to deati FAR) ON 1/C 0/35/FA HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUE (Month, Day, Yea 28e. PLACE OF INJUE (SICIAN: To the best of my km NER: On the basis of axamins	but not resulting in 2 U CD'UB 1 A SCN 2 A Putpetlant 3 DOA 37 28b. TIME INJU JRY — At home, farm, at pocify) At howledge, daeth occurrention and/or investigation	The underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying as a second of the underlying as a second of the underlying and the time, data and place, and do in in my opinion, death occurred at the underlying as a second of the unde	PERFORMEO? 1 YES 2 NI YES 2 NI THE PROPERTY OF THE PROPERTY	AMAILABLE COMPLETE COMPLETE OF DEATH? 1 YES OCCURED Imber or Rural Route Number s stated. to,the cause(a) and mann. DATE SIGNEO (Month, Day 2 - 9 - 6	PRIOR TO IN OF CAUSE 2 IN NO CONTRACTOR NO C
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and investigations are called the conditions and investigations are conditions. The conditions are called the cause of the caus	OUE TO (OR A d. One contributing to death One contributing to death One contributing to death One contributing to death One contributing to death One contributing to death One contributing to death HOSPITAL: 1 (Inpatient 2 ER/O (Month, Dey, Yea 28e. PLACE OF INJUE (Month, Dey, Yea 28e. PLACE OF INJUE (Month, Dey, Yea (SICIAN: To the best of my kr NER: On the basis of axamination IER ONE COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	The underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying as a second of the underlying as a second of the underlying and the time, data and place, and do in in my opinion, death occurred at the underlying as a second of the unde	PERFORMEO? 1 YES 2 NI YES 2 NI THE PROPERTY OF THE PROPERTY	AMAILABLE COMPLETE COMPLETE OF DEATH? 1 YES OCCURED Imber or Rural Route Number s stated. to,the cause(a) and mann. DATE SIGNEO (Month, Day 2 - 9 - 6	PRIOR TO IN OF CAUSE 2 IN NO Cor as stated. (Year)

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and the most and the most and the most after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the record of the sale bear of the sale bear of the most and the most after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the most after death with the State Dept. of Health and Mental Hygiene prior to burial, the medical committee must be notified at once.

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) DOROTH	FΛ	TATT	LIAMS		2. DATE OF OEATH 2-8-9	AY YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		1:20PM M		
	219-50-6089		S YRS.			5/28/46		1d.		
-	9a. FACILITY NAME (# not institution, give s			96. COUNTY OF DEATH Baltimore City						
	3018 Thorndale					LILY				
Difference	Md .			iown or local	ITION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
LONEDAL	3018 Thorndale	Ave. Apt. 3		10	or. ZIP CODE 21213		10g. CITIZEN OF	WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: Black Specify: Black						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during m retired.)	ION ost of working	16b. KIND OF BU	SINESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last)		Unemp	Toyea	10 MOTHED'S NA	ME (First, Middle, Maiden	Sumama)			
	James Fisher				The second second second	rence Knox	Surname)			
	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
:	Florence E. Kno					520, Balto	., Md.	21217		
	20e. METHOO OF DISPOSITION ***Surial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) Western Star Cem. 20b. PLACE OF DISPOSITION (Name of cometer); crematory or other place) Western Star Cem.									
	21. SIGNATURE OF PUNERAL SERVICE LIC	narch			ch F/H V O Wabash					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Hypertensive cardiovascular disease Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
		d								
	PART II. Other significant condition Asthma; Fatty		but not resulting in	tha undariyi	ng cause given in	Part I. 24a. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO		
	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (C)	heck only one)				
	XXXXES 2 □ NO 27. MANNER OF OEATH	1 Inpatient 2 ER/Our 26e. OATE OF INJURY			ma XXMaldence	6 Other (Specify)	IN HIEV OCCUPED			
	XXXIII 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	YY W	YES 2 NO	280. DESCRIBE NOW	INJUNI OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Bural Route Number, City or Town, Street)								
29a. CERTIFIER (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and men								o(a) and menner as stated.		
2	2015 SHIGHATURE AND STITLE OF CONTIFIE	14 m/	7		OCME	MBER	29d. DATE SIGNE ▶ 2-9	ED (Month, Day, Year) -90		
	30. NAME AND ADDRESS OF PERSON WI FRANK PERETTI, M	AD .		111	Penn St	reet,Balti	more,MD	21201 1		
	31. DATE FILED (MONTH - Day, Your) 32. RESISTRAR'S SIGNATURE RONDON PROPERTY SIGNATURE RONDON									

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	f	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the turneral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical manufactures
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INT:
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	FOR STATE REGISTRAR	STATE OF N	IARYLAND /		RTMENT				MENTA	L HYGIEN		20	0320
	1. DECEDENT'S NAME (First, Middle, Last)	6	ATES						2. DATE MONTE		AY	YEAR 3.	TIME OF DEATH 3:3- 0 M
	4. SOCIAL SECURITY NUMBER 220-22-6016	5. SEX	6. AGE (In yrs. Ins	-	IF UNDER	1 YEAR DAYS	# UNDE	R 24 HRS.	7. DATE	0F BIRTH 2 Day, Year 15-29		8. SIRTHPLA Country)	
	9a. FACILITY NAME (If not institution, give st		00	1113.	Oh CITY	TOWN	D 1 OCAT	ION OF DE		13-29	I ac cour	ITY OF OEAT	
S.		Conc	(toap)	m	0.0.0			, 1			\$6. 000K	TO SERI	
2	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c. CITY, TOWN OR LOCATION								10	4 INDIOCOTY	
DIRECTOR	Md.				Balto.					10d. INSIDE CITY LIMITS? 1X YES 2 NO			LIMITS?
FUNERAL	100. STREET AND NUMBER 2936 Mosher St	reet			101. ZIP CODE 21216				10g. CITIZEN OF WI				T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	MED VO		If yes, sp		en, Mexice	n, Puerto	Y? (Specify Yes Rican, etc.)	s or No—	14. RACE — Sleck, W Specify: Blac	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12) 8th Grade		(G	live kind of . Do NOT u	S USUAL OCCUPATION (work done during most of working use retired.)								
MP	17. FATNER'S NAME (First, Middle, Lest)		U	пешр	loye	1	Las Mon	NEDIO MA	ME (F)	Middle, Maiden	Comment		
	John Braton							Bern			yer		
TO BE	190. INFORMANT'S NAME (Typer/Print) Evelyn Watkins 190. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2314 Riggs Avenue, Balto., Md. 21216												
activities, parties, have								CATION — City or Town, State					
	1 🕅 Burial 2 🗆 Cremation 3 🗆 Remo	oval from Stata	Wes	tern	Star	r Ce	mete	ry		C	atons	ville	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Eliro,	N		. 1	Marc	h F/	H We	st				
	23. PART I. Enter the diseases, or of shock, or heart failure.				not antai	tha mo	de of dy	ing, auc	h aa can	diac or reep	iratory arr	est,	Approximata Interval Between
									Onset and Death				
		DUE TO	(OR AS A CONSE	OUENCE (OF):	+1	2 F-1						
ON	Sequentially list conditions, DUE TO (OR AS A CONSCOURAGE OF)												
AT	If any, leading to immediate cause. Enter UNDERLYING			in									1
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE						_				
CE	BART II Other significant condition	G	4 - 45 b A - 45							24s, WAS AF		1	1
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	a contributing to	death but not	readiting	in the u	ngeriyin	g cause	given in		PERFO	RMED?	AN CC OF	ERE AUTOPSY FINOINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ä													
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outpetlant	DOA	OTHE	R:		OEATN (Ch					
PHY	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 18JURY 28c. 11ME OF INJURY					28c. (N.	JURY AT ORK?		_	SCRIBE NOW	INJURY OC	CURED	
2 Accident investigation 28e PLACE OF INJURY — At home farm street factors office. 28f I OCATION							CATION (Street or Town, State	and Number	or Rural Rout	e Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI one) 2 MEDICAL EXAMINE												nd menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LIC	CENSE NUI	MSER		29d. DAT		onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WN			_	o Deleti			- 6			<u> </u>	1 /	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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3 REGISTRAN'S SIGNATURE

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 rours after death. Page 6 Thay a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HI		MENTAL HYGIENI REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) CALVIN		77	WHITE		2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH FOUND: 8:50A		
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-15-48	Co	ATHPLACE (State or Foreign unity) Carolina		
9a. FACILITY NAME (If not institution, give 611 Park Avenu		1		More Cit	ATH	9c. COUNTY O			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN MD	10c. CITY, TOWN OR LOCATION Baltimore						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER 611 Park Aver	nue	1	101.	ZIP CODE			WHAT COUNTRY?		
11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN B FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 1 NO	If yes, spe		IIC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	B	ACE — American Indian, lack, Whita, atc. pecify: Black		
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		Me. Do NOT use	rk done during mos retired.)	t of working	16b. KIND OF BUS	iness/industr			
17. FATHER'S NAME (First, Middle, Lest) Charles Wh:	ite	Compi	iter Ar		ME (First, Middle, Maiden :				
19a. INFORMANT'S NAME (Type/Print) Quincy Willia	ams	196. MAILING A	Druid	Hill A	Poute Number, City or Town Venue Ba	lto., M	D. Apt 801		
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	PLACE OF DISPOSE other place)	TION (Name of cen	etery, crematory or	20c. LO	CATION — City o	r Town, State		
21. SIGNATURE OF FUNERAL SERVICE I	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 E.L. Phillipa Funeral Home N. Monroe								
IMMEDIATE CAUSE (Final disease or condition resulting in death) Arteriosclerotic cardiovascular disease complicated by drowning Due to (or as a conscouence of): Sequentially list conditions,									
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
PART II. Other significant condition Acquired Immus	ona contributing to death but ne deficiency	t not resulting in SYNDTOME	the underlying	cause given in	Part I. 24a. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Ch	eck only one)				
XXXXES 2 □ NO	1 Inpatient 2 ER/Outpa	tient 3 DOA			6 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending **Coldent Investigation		INJU	286. TIME OF 10,000 AT 10,						
3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) HOME 28f. LOCATION (Street, Specify) From the purple of the party of th				281. LOCATION (Street a City or Jown, Street 611 Park	or and Number or Rural Route Number, to Avenue, Baltimore, MD			
(great trig	SICIAN: To the best of my knowle NER: On the basis of axemination						se(s) and manner as stated.		
SON SIGNATURE AND WALLOF CENTIF				29c, LICENSE NU OCME		> :	NEO (Month, Day, Year) 2-8-90		
JAMES KAPLAN, MD	VHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, 1111 Penr	n Street	,Baltimo	ore,MD 2120)1	V		
FEB 13 1990 4	ulia Savidson-Hand	TURE							

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	S	DIR
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page I may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directive he filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
	TO	E =
	F	FB

	1. DECEDENT'S NAME (First, Middle, Last)	Annie L	orett	a Wi	llia	ıms			2. DATE	OF DEATH	ν.	YEAR 3.	TIME OF DEATH
	. ANNII	Ξ	WILL	IAMS						UARY			2:40 A
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. in		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS,	7. DATE	DE BIRTH		Country)	ICE (State or Foreign
	218-36-7111	1 M 2 X F	49	YRS.						-19-L	10	Mary	rland
~	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	TOWN C	R LOCATI	ON OF DE	ATH		9c. COUNT	Y OF DEAT	Н
CTOR	THE JOHNS HOPKIN	S HOSPITA	AL		BAL	TIMO	ORE	CIT	Y		BAL	CIMOR	E
EC	10a. STATE 10b. COUNT	r		10c. CIT	ry, TOWN C	R LOCAT	ION					10	d. INSIDE CITY
DIREC	Maryland				Balt	imo	re					1	XYES 2 NO
RAL	10e. STREET AND NUMBER					- 1	ZIP COD						T COUNTRY?
NER	1910 Christian					2	122	3			U	SA	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X		- 3	f yes, sp	ecity_Cube	OF HISPANI In, Maxican Specify:	, Puerto F	? (Specify Yea Nicen, etc.)	or No-	4. RACE — Black, W Specify:	American Indian, hite, etc. White
ED I	15. DECEDENT'S EDU		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BUS	INESS/INDU	STRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		Give kind of a. Do NOT u	work done in me retired.)	during mo	st of worki	ng					
APL	Stementary/Secondary (0-12)			Hous	ewii	e				НС	me		
COMPL	17. FATHER'S NAME (First, Middle, Last)		~							fiddle, Maiden			
BE	Frederick Henr	ry Willi						uise				nes	
2	Beverly J. Ste	alama	11	96. MAILING 352						reet,			MD 212
	20a. METHOD OF DISPOSITION	smbre	20b. PLACE			_					CATION — C		
	1 Burial 2 X Cremation 3 Rem	oval from Stata	Met	ro C	rema	tor	V.	Inc.			ltin	,	
	21. SIGNATURE OF TUNERAL SERVICE OF	ENSEE //	211.		22,	NAME AP	ND ADDRE	SS OF FAC	ILITY .	ety o			
	George E. I		hold		1 5	ren	nat1	on S	MD	ety 6	of Ma	.ry1a	ind
	23. PART I. Enter the diseases, pr		caused the d	leeth Do	_				_			et	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Ruger	OR AS A CONSI		lyre DF):	2	W	lu) (nrev			Onset and Dear
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	OR AS A CONSI										
	PART II. Other significant condition	s contributing to	desth but not	resulting	in the ur	nderlyin	g csuse	given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDING
DICAL										1 TYES 2		C	MPLETION OF CAUSE DEATH?
ME							l		_			1	YES 2 NO
N.													
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:		DEATH (Che	-				
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 28a, DATE OF		3 DOA	_		URY AT	saldence		r (Specify) CRIBE HOW I	N ILIEN OCC	IDEO	
	1-Setural 5 Pending	(Month, De			JURY M	WC	YES 2	□ NO	200. DE	CRIBE HOW I	NOON OCC	UNEU	
Z Subject of Subject o							281. LOC	ATION (Street	and Number (or Rural Rou	le Number,		
TED	4 Homicide determined	building,	etc. (Specify)						City	or Town, State)			
COMPLET	29a. CERTIFIER (Check only one)												
8	2 MEDICAL EXAMIN		amination and/o	r investigati	ion, in my	opinion, c				and place, ar			
-	296. SIGNATURE AND TITLE OF CERTIFIE	"					29c. LIC	ENSE NUN	ABER		29d, DATE	SIGNED (M	onth, Day, Year)
									_			9 /	
TO BE	30, NAME-AND ADDRESS OF PERSON WI	O COMPLETED CAUS	SE OF OFATH OT	EM 27) (5~	e Print	_	D) /3	21		-	-/ 1/	40
BE	30. NAME AND ADDRESS OF PERSON WI	19 COMPLETED CAUS	SE OF OEATH (IT	A	o, Print)	Cont	N	3A.	21			- /] /	40

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5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should

Pos 6 Tay be retained by the hospital or attending physician. MORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death of THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the befilled within 72 hours after clearly with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinant

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT OF A		ENTAL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	7. WOOD			2. DATE OF DEATH MONTH DA	1990	3. TIME OF DEATH		
	212 34 9730	SEX 6. AGE (in yrs. last	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) (Month, Day, Year)	6. BIRTI Count	RYLAND		
TOR	96. FACILITY NAME (If not institution, give street 8535 Fow L RESIDENCE OF DECEDENT	R RVS.	PAR	KVILLS	лн /	BAKT	MORE		
DIRECTOR	10a. STATE 10b. COUNTY PRAYLAGO BALT	imore	10c, CITY, TOWN OR LOCA	I LLL			10d. INSIDE CITY LIMITS? 1 Tes 2 No		
FUNERAL	10e. STREET AND NUMBER 8595 FOW 11. MARITAL STATUS 12	LR PVE.		21234	O ODIONIO (Daviette Vie	U.5	what country?		
B≼	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 N	IO If yes, so	pecify Cuban, Maxican, 3 2 NO Specify:	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	Spec	E — American Indian, sk, Whita, etc.		
once. COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	noleted) (G/	CEDENT'S USUAL OCCUPATI five kind of work done during m Do NOT use retired.)	ON ost of working	16b. KIND OF BUS	0			
comp	17. FATHER'S NAME (First, Middle, Last)	BARCET		18. MOTHER'S NAM	IE (First, Middle, Malden	Surname)	5 10.		
must be notified at once. TO BE COM	19a. INFORMANT'S NAME (Type/Print)	LOROS 198	D. MAILING ADDRESS (Street	AS A	City or Town	, State, Zip Code)			
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State 20b. PLACE Pother pla		metery, crematory or	RY P	CATION — City of T	own, Stata		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS CHAPELOF REMORILS 8800 HARFURD ROAD PARKY									
ent, the medica	23. PART I. Enter the diseases, or come shock, or heart failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)	policetions that caused the det only one cause on each line MASAN DUE TO (OR AS A CONSEC	tic Calo		as cardiac or respi	matory arreat,	Approximate Interval Between Onset and Death		
ry, or other traumatic event, the medical examinar CERTIFICATION	Sequentially Hat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant conditions of	AUTOPSY 24 MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
PHYSICIAN:		IOSPITAL:	OTHER:	PLACE OF DEATH (Che		1			
marked, or BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 26c. IN		28d. DESCRIBE HOW I	NJURY OCCURED			
28 is TED	3 Suicide 6 Could not be 4 Homicide determined	de 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Soscify) 28s. LOCATION (Street and Number or Flural Route No. City or Town, State)							
WPL N	cont and	N: To the best of my knowledge, de On the basia of examination and/or					(s) and manner as stated.		
IMPORTANT: TO BE COI	29b. SICHATHME AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITE	M 27) (Since Paint)	D33	624	≥ FEB	D (Month, Day, Year)		
	1/J CDO	WNS 1	M 27) (Type, Print)				,		
	FB1 3 1990 State	32. REGISTRAR'S SIGNATURE Devidson-Rendese							

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2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
5	OR.
	OSPITAL

		FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF		IENTAL HYGIENE REG. NO.	
۱ ۱	,	1. DECEDENT'S NAME (First, Middle, Last)	laomi Marie	You	nger	2. DATE OF DEATH MONTH DAY 02	YEAR 3. TIME OF DEATH
_		4. SOCIAL SECURITY NUMBER 2/8 - 0/- 4225	5. SEX 1 M 2 F 6. AGE (In yrs.	Isst birthday) IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) 0 1- 28-2/	6. BIRTHPLACE (State or Foreign Country) Baltimore, MI)
2, 3 should	OR	print of the second state of the second state of the second secon	re Geriatric Y		O AShbun	renst Ba	ltimere City
Pages 1, 2	DIRECTOR	10a. STATE 10b. COUNTY MARYAND		10c. CITY, TOWN OR LI	o.City,Mc		10d. INSIDE CITY LIMITS?
permit.		100. STREET AND NUMBER 4429 Freder	a a la Assa	Dar	101. ZIP CODE 21.229	10g. CITI	ZEN OF WHAT COUNTRY?
or attending physician. r use as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FYES, GIVE WAR OR DATES	(NO If yes	DECENDENT OF HISPANI I, specify Cuben, Mexican	C ORIGIN? (Specify Yes or No-	14. RACE — Aperican Indian, Black, white etc. Specify: White
or attending or use as the	ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		DECEDENT'S USUAL OCCUI (Give kind of work done durin life. Do NOT use retired.)	PATION g most of working	16b. KIND OF BUSINESS/IND	
	COMPL	17, FATHER)S NAME (First, Middle, Last)		Rinten	an I	DE (First, Middle, Malden Surriame)	Supply
retaine by 5 shored to notified	TO BE	190. INFORMANT'S NAME (Type/Print) Mr. James E.			reet and Number or Rural R	OUTE NUMBER, City prown, State, Zip	
ector, page must be r		20r METHOU OF DISPOSITION 1 The Burlat 2 Cremetton 3 Remo	val from State 20b. PLAC	CE OF DISPOSITION (Name of place) CEN Haven	of cemetery, crematory or		City or Town, State A.A.Co
ter death. Page 6 m the funeral director, wal.		21. SIGNATURE OF UNERAL SERVICE LICE		22. NAN	E AND ADDRESS OF FAC	Balto.N	ld. 21230
24 hours at filled in by ion, or remother		23. PART I. Enter the disease, pr ci shock, pr heart failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	DUE TO (OR AS A CONT	death. Do not enter the ine.	mode of dying, such	ss cerdiac Dr reepiratory err	Interval Between Onset and Death
exect and to bu	-ICATION	Sequentielly list conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONS	SEQUENCE OF):	Cardib L	1950 disco	. Se
the death certificate be the tree attending physician of Mental Hyglene prior to injury, or other traur	CERTIFIC	that initiated events resulting in deeth) LAST	l				
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atto be filed within 72 hours after death with the State Dept. of Health and Menta IMPORTANT: It item 28 is marked, or item 23 shows any injury,	MEDICAL	PART II. Other significent conditions	hydro ref		. 7	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
V: The law icate has b State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	6. PLACE OF DEATH (Che		
NG PHYSICIAN tter this certifi eath with the 9 marked, or	РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending	1 inpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 286	Home 5 Residence INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW INJURY OCI	CURED
OR ATTENDING P DIRECTOR: After t hours after death item 28 is mark	TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicida determined	28e. PLACE OF INJURY — At building, etc. (Specify)			281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
HOSPITAL OR A FUNERAL DIREC within 72 hours	COMPLET	lough only	CIAN: To the best of my knowledge, R: On the basis of axamination and				
TO THE HOSPITA TO THE FUNERA De filed within 7 IMPORTANT: I	TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER Amotor H	· Macer		29c, LICENSE NUM D 155	03	E SIGNED (Month, Pay, Year)
	F	AMATUH H	APEM, 501	Dolphin	st, Ba	Ho, MD a.	はノチ

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BALTIMORE, MANYLAND 21203-3146	ter death. Page 6 may be retined of the total or attending physician. The pages 1, 2, 3 should the funeral director, page 5 should seam for use as the burial-transit permit. Pages 1, 2, 3 should oval.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retirined to the physician. TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 must be executed for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be nettiled at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH	AND MENTAL HYGIENE
CERTIFICATE OF DEA	TH REG. NO.

1	FOR STATE REGISTRAR		STATE OF N	IARYLAN	D / DEPAR			EALTH AND I	MENTA	L HYGIENI			
	1. DECEDENT'S NAME (First,	Middle, Last)			11					OF DEATH			3. TIME OF DEATH
-	Charles	H. You	mg, Jr.						Fel	oruarv	-	90	м
	4. SOCIAL SECURITY NUMBI	ER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH	6.	BIRTH	PLACE (State or Foreign
	215 24 8926		1 M 2 F	61	YRS.					ch 12,	1928	_	ryland
LOR	701 Bunn	ecke A					96. CITY, TOWN OR LOCATION OF DEATH Baltimore				Baltimore City		
٦ 1	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?						
FUNERAL DIRECTO	Maryland	Ba1	timore C	ity	E	alti	more						1 X YES 2 - NO
RAI	10e. STREET AND NUMBER						101.	ZIP CODE			2 T. T.		WHAT COUNTRY?
N N	701 Bunn	ecke A	12. WAS DECEDEN	LEVER IN U.	S. ARMED	13.	WAS DECI	NDENT OF HISPAN	IC ORIGI	N? (Specify Yes		S.A.	E — American Indian,
BY FL	1 Never Married 2 1 0 3 Widowed 4 1 1 1		FORCES? 1 IF YES, GIVE W 1946	XXES :	2 NO			city Cuban, Mexica	n, Puerto			Black	i, white, etc.
COMPLEIED	(Specify only	EDENT'S EDUC	ATION	16	Give kind of v	vork done			161	. KINO OF BUS	INESS/INDUS	TRY	
7	Elementary/Secondary (0-	-12)	College (1-4 or 5 +	•)	Labore					Warel	nouse		
5	17. FATHER'S NAME (First, Mil	ddle, Last)		_	Labore	.1		18. MOTHER'S NA	ME (First,				
BEC	Charles	Н. Уог	ing, Sr.					Rut	n Ta	avlor			
0	190. INFORMANT'S NAME (Ty				19b. MAILING	ADDRESS	S (Street a	nd Number or Rural			, State, Zip Co	ode)	
-	Stanley T							venue,	Balt:				
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	vel from Stata	20b, PI	her place)	Tetes	me of cen	Cemeter	v	Gara	rrison Forest, Md.		
	V Solitation V 2 Vital (specify)					-Henss Funeral Home							
	* dina	1	3 (V)	1)								
	23. PART i. Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition	art fallure. L	omplications the			ot antar	tha mo		h aa car	diac or reapi	ratory arrea		Approximate Interval Between Onset and Death
N	resulting in death) Sequentially list conditi	000			ONSEQUENCE OF	F):	H512	00000	7	703(1/3	2		Jan 14
RIFICATION	If any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injust that initiated evental resulting in death) LAS	diata NG ry			ONSEQUENCE OF							_	
	.91		1									_	<u> </u>
DICAL	PART II. Other algnifica	nt condition	a contributing to	death but	not reaulting	in tha vi	nderiying	cause given in	Part i.	24a. WAS AN PERFOR	MED?	24b	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDIC													1 YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL					26. Pi	ACE OF OEATH (C/	eck only n	gel		_	
2	EXAMINER?		HOSPITAL:	ER/Outpatk	ent 3 🗆 DOA	OTHE:	R:	s 5 Residence					
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT		SCRIBE HOW I	NJURY OCCU	RED	
BY	1 Naturel 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO												
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)					nd Number or	Rural	Route Number,					
COMPLETED	(Crieck day)		CIAN: To the best of a										a) and manner as stated.
	295, SIGNATURE AND TITLE	OF CERTIFIER						29c. LICENSE NU	MBER		29d. DATE S	SIGNED	(Month, Day, Year)
DE	Therd	m x	Forela	ein	, wo			D0239					0.90
일	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATI	H (ITEM 27) (Type	. Print)							
	31. DATE FILED Month One	Year)	20 REGISTRA	R'S SIGNATI	URF								·
	FEB 1	1990	min la	rdson	physical .								

be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the the befiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical executions.

٠	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL	HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Lesi	DANIEL THOM	AS ZIRA	NSKI		2. DATE MONTH	OF DEATH	v 199	AR	: 00		м
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	7. DATE	OF BIRTH	8, 1	HETHPLA		A . or Foreign	,			
	220.01.4010	1 X M 2 □ F 69	YRS.	MONTHS DAYS	HOURS MIN.	Sep	onth, Day, War) p 18,1920 Maryland					
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D		2- , 27	9c. COUNTY				_
DIRECTOR	1533 Hodges Avenue Glen Burnie							Anne	Aru	nde1		
3EC	10a. STATE 10b. COUN	ITY	10c. CIT	Y, TOWN OR LOCA	TION				100	. INSIDE	CITY	
ā	Maryland Anne	e Arundel	G:	len Burn	ie				1 [YES 2		
FUNERAL	10a. STREET AND NUMBER	_		10	1. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTR	Y7	
EH	1533 Hodges Av	<i>J</i> enue			21061			U.S	. A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 🔯 YES	N U.S. ARMED		CENDENT OF HISPA Decity Cuban, Maxic			or No- 14.	RACE — A	American	indlan,	
ВУ	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 X NO Speci	y:	ironii, ato.;		Specify: W			
	15. DECEDENT'S EC	WW		Hallal coordinate	•	1				112.00		_
COMPLETED	(Specify only highest gra-	de completed)	(Give kind of life. Do NOT u.	WORL OCCUPATE work done during me se retired.)	ost of working	166.	KIND OF BUS	SINESS/INDUST	RY			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		Driver			Ancho	r Moto	rs			
M	17. FATHER'S NAME (First, Middle, Lest)	None	11001	DIIVCI	16. MOTHER'S NA	AME (First A	Siririin Mairian	Sumama)	_	_		_
	William Zirans	zki										
BE	19a. INFORMANT'S NAME (Type/Print)	, KI	19b. MAILING	ADDRESS (Street	and Number or Rural		islin:		(a)			_
2	Genevieve Vanne	r			Road, Se							
	20g. METHOD OF DISPOSITION	201	D. PLACE OF DISPO	SITION (Name of ce	metery, crematory or	verna		CATION — City			_	-
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29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 NAME AND ANDRESS OF PERSON WAS COMES EVEN CAUSE OF DEATH WITH TO GET POINT.	2 Accident Investigation	280 DI ACE OF IN HITO	4 At home from the		8 2 NO			
(Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 NAME AND ADDRESS OF PERSON WAS COMES FEED CAUSE OF DEATH (XTEM 2) (See Digital)	- Coole not be	building, etc. (Spec	city)	et, ractory, office				furili Houte Number,
(Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 NAME AND ADDRESS OF PERSON WAS COMES FEED CAUSE OF DEATH (XTEM 2) (See Digital)	29e. CERTIFIER	NOIN TO CO.						
296. SIGNATURE AND TITLE OF CERTIFIER ### 296. LICENSE NUMBER ### 296. LICENSE NUMBER ### 296. LICENSE NUMBER ### 296. DATE SIGNED (Month, Day, Year) ### 21/2/30	(Check only							bunefal and manner as stated
NAME AND ADDRESS OF PERSON WAS COMPLETED CAUSE OF DEATH WITH 27 Geo. Dec.			and investigation,	ту ориноп, се		The state of the s		
30 NAME AND ADDRESS OF BERSON WAS COMED STED CAUSE OF DEATH STED OF DEAT	290. SIGNALURE AND TITLE OF CERTIFIE	TH.	H.D.				29d. DATE SI	GNED (Month, Day, Year)
31. DATE FILED MAN PONTOS 1000 32 FEBRUAR PROPERTY PONTOS 1000 32 FEBRUAR PROPERTY PONTOS 1000 32 FEBRUAR PROPERTY PONTOS 1000 32 FEBRUAR PROPERTY PONTOS 1000 1000 1000 1000 1000 1000 1000 10	30, NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE OF DE		(nt)			1 ~	14/70
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	31. DATE FILED (Mant Day 100) 100				•	,,00	. , .,	MA 21061.

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				30 0326
1 - FOR STATE OF MARYLA	ND / DEPARTMENT OF H CERTIFICATE OF			
1. DECEDENT'S NAME (First, Middle, Last)	CENTIFICATE OF		REG. NO.	3. TIME OF DEATH
James W.	Allen	Moi	I - 19-190	YEAR 022
- 4 6	yrs. last birthday) IF UNDER 1 YEAR	11.6		BIRTHPLACE (State or Foreign Country)
230-16-7241 DAM2DF 8	9 YRS. MONTHS DAYS	HOURS MIN.	/11/00	Virginia
99. FACILITY NAME (IL not institution, give street and number) HOLU CYOSS HOSPITOL	96. CITY, TOWN C	R LOCATION OF DEATH		TY OF DEATH
RESIDENCE OF DECEDENT	31110	Spring	Injoni	tgomery
10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?
MD Montgomery	Wheato	n		1 YES 2 NO
10a. STREET AND NUMBER	101	. ZIP CODE	16g. CITIZI	EH OF WHAT COUNTRY?
1903 Carmody Driv		20902	U	SA
11. MARITAL STATUS 12. WAS DÉCEDENT EVER IN FORCES? 1 Never Married 2 Merried FORCES? 1 YES	2 NO If yes, ep	ENDENT OF HISPANIC ORK ecify Cuban, Mexican, Puerl	BIN? (Specify Yea or No-	14. RACE — American Indien, Black, White, etc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DAT	ES 1 TYES	2 NO Specify:		specify: White
15. DECEDENT'S EDUCATIOM (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPATIO	ON 1	6b. KIND OF BUSINESS/IHDU	STRY
Elementary/Secondary (0-12) College (1-4 or 8+)	(Give kind of work done during mo life. Do NOT use retired.)			
11	CARPENTER		FEDERAL GOVI	ERNMENT
17. FATHER'S NAME (First, Middle, Lest) OSCAR ALLEN		18. MOTHER'S HAME (Firs		
190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street e	LYDIA EN		Parda)
JAMES W. ALLEN	6901 LOIS DRIV		ELD, VIRGINI	
208. METHOD OF DISPOSITION 20b.	PLACE OF DISPOSITION (Name of cer		20c. LOCATION — C	
1 Dental 2 Cremation 3 Removal from State 4 Dental 5 Other (Specify)	other place) NDERSON METHODIS	ST CHURCH CE		
21. SIONATURE OF FUNERAL SERVICE LICENSEE	22. NAME A	ID ADDRESS OF FACILITY		
> michael 2. Bull			S FUNERAL HO	
23. PART I. Enter the diseases, or complications that caused	the deeth. Do not enter the mo	de of dving, such as co	ardlec or respiratory arre	SPR. MD. 20901
shock, or heart fallure. List only one cause on as IMMEDIATE CAUSE (Finel	ch Ilna.			Interval Between
	REDIRAT	TARY A	REFET	Onset and South
resulting in death) DUE TO (OR AS A C	COHSEQUENCE OF)	1	745	
Sequentially list conditions, Due To (or as A)	THMIA	Hortic	Stenogr	'n
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF):			
CAUSE (Disease or injury	CONSEQUENCE OF):			
thet initiated events resulting in death) LAST	ARY ANTO	a Die 4	age .	
d. Control	/		- 0 C	
PART II. Other significant conditions contributing to death bu	t not resulting in the undariying	g cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
			1 YES 2 NO	OF DEATH?

				-	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Check only one)	
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA 4 N	ER: lursing Home 8 🗆 Residenc	e 8 🗆 Other (Specify)	
27. MANNER OF DEATH 1 Hetural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF IHJURY M	28c. IHJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUR	ED
3 Suicide 8 Could not be	28e. PLACE OF IHJURY — At I building, etc. (Specify)	nome, farm, street, fo	actory, office	281. LOCATION (Street and Number or I City or Town, State)	Rural Route Number,

29e. CERTIFIER	1 CERTIFYIHO PHYSICIAH: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.
(Check only	CENTIFYTHO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated.
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29b. SIONATURE AND TITLE OF CERTIFIER	29c, LICEHSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Tom P- Lamythet MD	0-20062	1/19/90.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	14	7
TONY P. KANNARKAT. 8201	16th ST SILVER	SPRING MD20

31. DATE FILED (MOTT 23 **'9**0

32. REGISTRAR'S SIGNATURE Gula Tairdoon-Randalle

DHMH-16 Rev 1/89

BALTIMORE, MARY MAD 2000 3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained 4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-
	executed within 24-nours after death. Page 6 may be rett and completely filled in by the funeral director, page 5 s burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained 14 to 14 mounts after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should the burial-trans be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified the properties of the p
DIVISION	TO THE HOSPITAL OR ATTENDING PI TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death w IMPORTANT: If from 28 is mark.

												90	03270
	FOR STATE REGISTRAR	STATE OF I	WARYLAND /				EALTH			YGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
- 1		D		4.5					MONTH	DAY		YEAR	
	HAZEL 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		HEY IF UNDER	4 4510	IF UNDER	04.4800	7 DATE OF	ary 1	3,19		8:55 A. M
		1 M 2 TF			MONTHS	DAYS	HOURS	MIN	(Month, D	ay, Ysar)		Country	()
	232-60-7490		84	YRS.					Feb.15	,190		W. Y	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH								9c. COUNTY OF DEATH				
FUNERAL DIRECTOR	Memorial Hospital8	Medical	Center		Cı	ımber	1and			ŀ	A11	egan	v
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY												
8	100.000				Y, TOWN		ION						10d. INSIDE CITY LIMITS?
		egany			01dt	own							1 YES 2X NO
A	104. STREET AND NUMBER					101	. ZIP CODI	E .			10g. CIT	ZEN OF W	HAT COUNTRY?
E	Route 2 Box 64					2	1555				U.	S.A.	
3	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S. AR	MED					NIC ORIGIN? (S		or No-	14. RACE	— American Indian, , Whita, atc.
II.	1 Never Married 2 Married	FORCES?	YES 2 X	10			2 X NO		n, Puarto Rica	in, etc.)		Black, Specif	
BY	3 🛱 Widowed 4 🗌 Divorced	17 120, 0172	TAN ON DATES			1 1 163	Z M	apecin	y.			Specifi	White
0	15. DECEDENT'S EDUC		16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON .		16b, KI	ND OF BUS	NESS/IND	DUSTRY	
E	(Specify only highest grade		(G	he kind of Do NOT u	work done se retired.)	during mo	at of working	g					
7	Elementary/Secondary (0-12)	College (1-4 or 5			- : C -				,	T	1. 1		
COMPLETED	N. /A. 17. FATHER'S NAME (First, Middle, Last)		H	louse	wire					lomem		g	
							22.0		ME (First, Midd		iurname)		
BE	Robert Lee Amick								More:				
0	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	AODRES	S (Street a	nd Number	or Rural i	Route Number,	City or Town	State, Zij	o Code)	
F	Richard Athey		R	loute	2	Box	64	01d	town,	Mary	land	215	555
- 1	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or the place) 20c. LOCATION — City or Town, State other place)												
	Variation S Removal from State Other place) Camp Hill Cemetery Paw Paw, W. Va.												
	21. SIGNATURE OF FUNERAL TREDVICE LIC	ENSEE		oun			ID ADDRE		CILITY	1 2 4 11	1 0 11	, ,,,,	7.0.7
- 1	MA AD					Mil1	er F	uner	al Hon	ne			
	10MA								Va. 2				
	23 PART Enter the diseases, or other tellure.	omplications th	at caused the de	ath. Do	not ente	the mo	de of dy	Ing, auc	h es cerdie	or respir	atory er	rest,	Approximate
	IMMEDIATE CAUSE (Final												Interval Between Onset and Death
	disease or condition	B	NA Chag	PAIC	-	191	Lyon	A 1					
	reaulting in death)		OR AS A CONSE				- 1 0 11						
	_		Tin-										
ERTIFICATION	Sequentially list conditions,	bOUE TO	OR AS A CONSE	OUENCE O	en:				*				
AT	It any, leeding to immediate cause. Enter UNDERLYING		(. ,								i
5	CAUSE (Disease or Injury	c	OR AS A CONSE	OHENCE (MED .								
Ē	that initiated events resulting in death) LAST	502 10	(OR AS A CONSE	QUENCE (rry.								į
H		d											
0	PART II. Other algnificant condition	is contributing to	o death but not i	resulting	in the u	nderlyin	g cause	alven in	Part I. 24	Ia. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL	11650	10 60	- Co.	1 1						PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
Ö	6 CY7 WA	70.	ar sylles	VIII)					1	YES 2	Me		OF DEATH?
M			1						_			^	1 YES 2 NO
ż				-									10.0
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF E	EATH (C)	heck only one)				
PHYSICIAN:	1 TES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	4 Nu		10 5 R	esidence	6 Other (S	Specify)			
¥	27. MANNER OF DEATH	20s. DATE O		28b. Til	ME OF	28c. IN.	URY AT		28d. DESCF		JURY OC	CURED	
	1 Natural 5 Pending	(Month,	Day, Year)	IN	JURY		YES 2	NO.					
ВУ	2 Accident Investigation	26a PLACE	OF INJURY At he	brone form	etroot for				261 LOCATI	ON /Street o	and Musashu	or Or Ormal 6	Route Number,
ED	3 Suicide 6 Could not be 4 Homicide datarmined	building	, etc. (Specify)			,,	-			Town, State)	THE THEOREM	. 01 11014111	TOTAL PROPERTY.
ET													
PL	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of	examination and/or	investigat	lon, in my	opinion, o	death occu	red at the	time, data ar	d place, an	d due to t	he cause(a	i) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	1 . 1		_			290 110	ENSE NU	MAER		294 PM	CE SIGNIES	(Agents, Day /Mar)
BE	The state of senting	00111/	40				1 n	10	310	′ I	b	7	117/0
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CA	ISE OF OFATH OTE	M 271 /3-	a Print		4	11	210		-	-	110/16

Dr. N. Ranjithan, Memorial Hospital Medical Building, Cumberland, MD 21502

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

JAN FREISMISSION TO SELECTION OF THE PROPERTY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an worms after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYG				
	1. DECEDENT'S NAME (First, Middle, Last)	111 - 1				2. DATE OF DEATH DAY YEAR YEAR		3. TIME OF DEATH		
1000	4. SOCIAL SECURITY NUMBER 212-28-7571	1 M 2 □ F 59 YRS. MONTHS DAY			IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Ye 03-06-	DATE OF BIRTH (Month, Day, Year) 3-06-1930 B. BIRTHPLACE (State or Foreign Country) Maryland			
TOR	96. FACILITY NAME (If not institution, give street and number) Anne Arundel Medical Center Ann RESIDENCE OF DECEMENT					olis School Anne Arundel				
BY FUNERAL DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN			r town of locat				10d. INSIDE CITY LIMITS? 1 TYES 2 X NO		
	1416 Gilbert Road Arnold			101	01. ZIP CODE 10g. CITIZEN OF U.S.					
	1 Never Married 20 Married FORCES? 1 YES 24 AVO If			If yes, sp	ps, specify Cuban, Maxican, Puerto Rican, etc.) PSS 2 X NO Specify: Spec				- American Indian, , white, atc. y: Casian	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker			vork done during mo e retired.)						
O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden Surname)					
	Raymond Sigwart				Hazel Mc			cGee		
) BE				ADDRESS (Street a	and Number or Rural Route Number, City or Town, State, Zip Code)					
2	Mr. Ellwood L.									
1	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Lakemont Memorial Gardens Davidsonville, MD 22. NAME AND ADDRESS OF FACILITY 495 Ritchie HighWay Severna Park, Maryland 21146 23. PART Letter the diseases, or complifications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
Z	Onset and D disease or condition resulting in death) e. Condition Oue TO (OR AS A CONSEQUENCE OF):								interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underly				g cause given in	PERFORMED? 1 YES 2 -NO OF DEATH?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
SIC	EXAMINER? 1 YES 2 00									
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Dey, Year) 2 Accident Investigation 3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY At home, farm building, atc. (Specify)			E OF 28c. IN.	Y WORK?					
				street, factory, offic	•	28f. LOCATION (S City or Town,	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE	296_SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)				29c. LICENSE NUMBER 29d. OATE SIGNED (Morith, Day, Year) P33069 1/35/90					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 13 & 1 to 1 do 5 to 1 do 7 to 1 do 7 to 1 31. DATE FILED (Month, Day, Year) 12. REGISTRATES SIGNATURE FEB 1 1990 Julia Davidson Andelle									
	31. DATE FILED (Month, Day, Year) FEB 1	32. REGISTIAN'S SIGN 1990 Julia	widson-Ry	delle						

	FOR STATE REGISTRAR	STATE OF MAI					DEAT		MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	E OF DEATH	Y	YEAR	3. TIME OF DEATH
	Frances Emil						1			1-21-	90 -		6:20 P.M
	4. SOCIAL SECURITY NUMBER	100 mm	AGE (In yrs. lesi		IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.		OF BIRTH th, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
	227-09-5618	1 M 2 F	80	YRS.						-1900			ginia
~	9a. FACILITY NAME (If not institution, give str	reet and number)			96. CITY	, TOWN	OR LOCATION	ON OF DE	EATH		9c. COUN	ITY OF D	EATH
5	ROUTE 2 Box 353				Po	como	ke				Word	resti	er
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
# I	Maryland Word	ester		F	ocom	nka							1 YES 2 NO
	10e. STREET AND NUMBER				CA A A		. ZIP COD	_			10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	Route 2 Box 353				21851 U. S. A						A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EN								— American Indian,			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR					S 2 TNO Specify: Specify:				ffy:		
	W.		T						1		1		Black
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(GI	ve kind of	work done	during me	ON out of workli	ng	16	b. KIND OF BUS	INESS/IND	USTRY	
ا چ	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use retired.) Homemaker					Own	Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	MF /First	Middle, Malden			
		Corroco										1	
BE	19a. INFORMANT'S NAME (Type/Print)	Savage	198	. MAILING	ADDRES	S (Street i	and Number						
2	Inez Parks			111	Oak	Stre	et.	Poco	moke	. MD. 3	21851		
	20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPO								City or To	wn, Btate
	4 Donation 5 Other (Specify)	over from Suria	St.		eph A	.M.I	E. Ch	urch)	Be1	le Ha	wen	. VA.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1										
	De Andrew		1		J	١.٥.	Morr	is	Nass	sawadox	, VA	. 23	413
	23. PART i. Enter the diseases, or c	omplications that co	aused the da	ath. Do	_								Approximate
		List Dnly Dne cause	on each ilna										Interval Between Onset and Daeth
	disease or condition												Minutes
	resulting in death)	DUE TO (OF	CAY ACONSEC	DUENCE O	IF):								Himaces
z		b	ASCVD										Years
일	If any, leeding to immediate	DUE TO (OF	AS A CONSEC	DUENCE O	F):								
2	CAUSE (Disease or injury	C		OUENOE O									
E	that initiated events resulting in death) LAST	DOE 10 (OF	AS A CONSEC	DUENCE O	rej:								
19		d											
	PART II. Other aignificant condition	a contributing to de	eth but not r	eauiting	in the u	nderiyir	g cause	given in	Part i.			248	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
										1 TYES 2	□ NO		COMPLETION DF CAUSE OF DEATH?
ME													1 TES 2 NO
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE CAUSE. (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE CAUSE. (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE CAUSE.) DUE TO (OR AS A CONSE													
CIA	Incz Parks 111 Oak Street Pocomoke, MD. 21 206. METHOD OF DISPOSITION Burlet 2 Cremetion 3 Genoval from State 206. DOAS Donation 5 Other (Specify) 206. LOCAT Donation 5 Other (Specify) 206. DOAS St. JOSEPH A.M.E. Church Rel11												
YSI					4 🗆 Nu	raing Ho		aaldence	Y				
						W	DRK?	7 40	28d. Di	EŞCRIBE HOW I	NJURY OC	CURED	
BY	a Mondain	28e PLACE OF II	N.HJRY — At bo	me ferm	Street for			NO	281 1.0	CATION (Street	and Mumba	ov Rival	Grute Number
City or Town, State)													
	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
MP	noel -	- 1											a) and manner as stated.
BE	1-6- Jan	to	hu 1)							a			2-90
5	20 NAME AND ADDRESS OF PERSON WIL	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (5m)	a Print)		1 7						

M.D. 100 8th St. Poco

31. DATE FILED (Month, Day, 1991) 29

21851

Pocomoke City, MD

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Z- nours after death, Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Debt, of Headin and Mental Hyghene prior to burlar, chemiston, or removal.	IMPORTANT: If them 28 is marked, of them 23 shows any injury, of other traumanc event, the medical examiner must be nothlined at once,
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(Morith, Day, Fear)

MAN 3 0 '90

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

	FOR 1 - STATE	STATE OF MARYLA				MENTAL HYGIEN		90 03273		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) EEORGE ALI	GEORGE ALFRI		ICATE OF	DEATH	PEG. NO. 2. DATE OF DEATH MONTH Z6,	(990 **	3. TIME OF DEATH 2250 10 M		
	4. SOCIAL SECURITY NUMBER 577-09-6065 9e. FACILITY NAME (If not institution, give str	1 XM 2 □ F 8	yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 10-31-1903	8.	BIRTHPLACE (State or Foreign Country) WASHINGTON DC		
DIRECTOR	CALVERT MEMORIAL I	HOSP, 100 HOS		PR, FR		MD 20678	CALVEF	T 10d. WISIDE CITY		
	MARYLAND CALV	ERT		VINGS				1 YES 2 X NO		
RAL	100. STREET AND NUMBER 2839 5TH STREET			10	1. ZIP CODE 20736		10g. CITIZEN OF WHAT COU			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Olyorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 X NO	13. WAS OF	CENDENT OF HISPA	NIC ORIGIN? (Specify Yea an, Puerto Ricen, etc.) ly:	RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12) 9TH GRADE	16a. OECEDENT'S (Give kind of life. Do NOT u	,	16b. KIND OF BUS	Later Land					
BE CON	17. FATHER'S NAME (First, Middle, Lest) ALFRED O. ALLEN				MARY A	NNA GRAMEL]	CK			
5	BETTY V. DAVIS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			COKEEK, MC				
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) TRINITY MEMORIAL GARDENS 20c. LOCATION — City or Town, State WALDORF, MARYLAND									
	21. SIGNATURE OF FUNERAL SERVICE LIC		>	22. NAME A	ND ADDRESS OF FA	THE HUNT	T FUNE	ERAL HOME, INC. AND 20604-0156		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death Approximate interval Between Onset and Death									
	disease or condition reaulting in death)	DUE TO JOB AS A	CONSEQUENCE ()E).				Twk.		
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):	~ 00	elusion		6 WK		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C	P Ma				913.		
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	contributing to deeth be	ut not resulting	in the underlying	ig cause given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF OEATH (C	heck only one)				
	1 YES 2 NO 27. MANNER OF DEATH 1 Neural 5 Pending	1 Shpetient 2 ER/Outp. 28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW t	NJURY OCCUP	IEO		
TED BY	3 Suicide 8 Could not be detarmined 4 Homicide 4 Homicide Homicide City or Town, State)							Rural Route Number,		
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
TO BE C	29b/Sicas/TURE AND TITLE OF CENTIFIE	w w).		Da (29d. DATE S	27/20		
	ME HAVE AND AGORESS OF PERSON WHI	COMPLETED CALLES OF DE	TH STEM 27 Com	n Delect)			,			

TEMPOR TO STATE DE L'ENCLEVANT DE L'ENCLE ME L'ENCLE ME L'ENCLE DE L'ENCLE DE L'ENCLE DE L'ENCLE DE L'ENCLE DE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Dept. of Health and Methal Phygiese prior to burial, chemiston, committee, more than 28 is marked, or Hem 23 shows any Inlury, or other traumatic event, the medical examiner must be neithfield at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	MY	YEAR 3.	TIME OF DEATN	
	LOUISE	T. ARNAUI			,		7, 19		6:15	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		Country)	CE (State or Foreign	
	226-24-6830 9a. FACILITY NAME (If not institution, give s	1 - M 2 - F	63 YRS.	DI OUTH TOWARD		01 29 1		Virgi		
TOR	SOUTHERN MARYLAND		ENTER		NTON MD	20735		. COU		
DIRECTOR	10a. STATE 10b. COUNTY	Mary's		TOWN OR LOCAT					I. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	P. O. BOX 1079				1. ZIP CODE 0659		10g. CITIZ USA	ZEN OF WHAT	COUNTRY?	
B⊀	11. MARITAL STATUS 1 Never Merried 2 Marriad 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2XXNO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	a or No—	14. RACE — Black, W Specify: White		
2	15. DECEDENT'S EDUI		16a. DECEDENT'S I	ork done durina ma	ON ost of working	16b. KIND OF BU	ISINESS/INDI	USTRY		
COMPLET	12 College (1-4 or 5+) Medical Technician US Government US Government									
BE CO	17. FATHER'S NAME (First, Middle, Last) Carroll Franklin	Tyler				ME (First, Middle, Malder Louise Fau		:h		
TO B	190. INFORMANT'S NAME (Type/Print) Nina Hunt					Route Number, City or Too Nicsville,				
	26a, METHOD OF DISPOSITION XIX Burlal 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	oval from State	ob. PLACE OF DISPOSE	TION (Name of cer Cemeter	metery, crematory or	Suit]	Land,	Md.	Stata	
	22. NAME AND ADDRESS OF FACILITY Huntt Funeral Home P. O. Box 156, Waldorf, Md. 20604-0156									
	23. PART I. Enter the diseases, or abock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Breast	each line.	the osses		Portal con			Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
8	PART II. Other significant condition	an annishmilan to doubt	hud and annufalou t	Ab - and - date		D-41				
PHYSICIAN: MEDICAL	PART II. Other significant condition	Contributing to deeth	but not reading i	i the underlyin	g ceuse given in	Part I. 24a. WAS AI PERFO	RMED?	AM CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only one)		1		
SIC	1 YES 2 NO	HOSPITAL:	ripetient 3 🗆 DOA	OTHER: 4 Nursing Non	ne 5 🗆 Residence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Year		JRY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCC	CURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE OF INJU- building, alc. (S)	RY — Al home, farm, a pecify)	traet, factory, offic	ca	26f. LOCATION (Street City or Town, State		or Rural Rout	e Number,	
COMPLETED	000)	CIAN: To the best of my kno							nd menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. SIGNATURE AND TITLE OF CERTIFIER 299. DATE SIGNED (Month, Day, Your)									
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 826 Dedyard Road #201 Chirton MD 20734.									
-	31. DATE FILEO (Month, Dily, Your) 32. REGISTRAR'S SIGNATURE									
1 1		0	idson-Randa	- 70						

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mm	I DIDECTION After this certificate has been signed by the attending physician and completely filled
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- 1	1. DECEDENT'S NAME (First	, Middle, Last)			31				:	2. DATE OF DEATH MONTH DA		YEAR	3. TIME OF OEATN								
ľ	Ar	istot1	e De	samero)	Ar	CO			1-25-9		TEAH	8:54PM M								
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER		IF UNDER 24 H	HRS. 7	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign								
	577-08-9157		1 [X M 2] F	33	YRS.	MONTHS	DAYS	+	MAN	(Month, Day, Year)	056	Country	ippine Is.								
N	9a. FACILITY NAME (If not in			- 55								NTY OF D									
- 1						96. CITY	r, IOWN	OR LOCATION	OF DEAL	N											
DING TON		ospita	1			La	ınhar	n			Pri	nce (Georges Co.								
	RIPIDENCE OF DEC	10b. COUNTY	,		100 CF	Y, TOWN	001004	TION					10d. INSIDE CITY								
				4 =		. 112-							LIMITS?								
1	Maryland 10a. STREET AND NUMBER	Princ	e George	S		0xon							1 YES 2 NO								
CONFUSE						10f. ZIP CODE						TIZEN OF WHAT COUNTRY?									
	6263 0xo	n Hill	Road, A	pt. 20	3			20745			U.	S.A.									
	11. MARITAL STATUS		12. WAS OECEDEN							- American Indian, White, etc.											
	1 Never Married 2 🔀		FORCES? 1 IF YES, GIVE V			If yes, specify Cuben, Mexican, Puerto Rican, etc.) □ YES 2 🖔 NO Specify: □ 1 □ YES 2 🐧 NO Specify:															
	3 Widowed 4 Divo	orced								Filij			pino								
		EOENT'S EDU		18:	18s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSH					INESS/INI	DUSTRY										
	Elementary/Secondary (f	y highest grade 3-12)	College (1-4 or 5	P)	(Give kind of work done during most of working life. Do NOT use retired.)																
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3	´	Mai1	l Clerk				Ban	k										
П	17. FATHER'S NAME (First, M	fiddle. Last)				18. MOTHER'S NAME (First, Middle, Meiden Surneme)															
	Apolonio Arco								ida		same	ro									
	199. INFORMANT'S NAME (Type/Print)									ute Number, City or Town											
2													207/5								
	Mary Ann Sevilla Arco									203, Oxon		-									
- 1	20e. METHOD OF DISPOSIT 1 X Buriel 2 ☐ Crematic	TON on 3 □ Rem	oval from State	20b. PL	20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or after place) 20c. LOCATION — City or Town, State																
- 1	4 Donation 5 D Other			_ Ete	rnal G	1 Garden Memorial Park Baesa CaloocanCity, P						anCity, P.I									
Н	21. SIGNATURE OF FUNERA	L SETWICE LIC	0		22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home																
-	D. Hair	10/10	120	/																	
4	23. PART I. Enter the	W/	nas	LA						1 Rd. Oxo			Approximeta								
	disease or condition resulting in death) • CARDIAC ARRHYTHMIA DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF):																				
	CAUSE (Disease or inju		c.	OR AS A CO	NECOTENCE O	MEN.															
		T T	502 10	(OH AS A CC	M3EOUENOE (n j.							CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
			d						resulting in death) LAST												
		d																			
ľ	PART II. Other algnificant conditiona contributing to death but not result					in the u	nderlyii	ng cause give	en in P	ert I. 24s. WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS								
- 1	PART II. Other aignifica	ant condition	a contributing to	death but	not reauiting	in the u	nderlyii	ng cause give	en in P	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE								
	PART II. Other algnifica	ant condition	ea contributing to	death but	not reaulting	in the u	nderlyii	ng cause give	en in P	art I. 24a. WAS AN PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
	PART II. Other aignifica	ant condition	ea contributing to	death but	not reaulting	in the u	inderlyii	ng cause give	en in P	PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE								
			a contributing to	death but	not reaulting	in the u	nderlyi	ng cause give	en in P	PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
	PART II. Other aignification of the second o			death but	not reaulting		28. F	ng cause give		PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
	25. WAS CASE REFERRED 1		HOSPITAL:			OTHE	28. F	PLACE OF DEAT	TN (Chec	PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
	25. WAS CASE REFERRED 1 EXAMINER?		HOSPITAL: 1 Inpatient X	ZEVOutpatie	nt 3 DOA	OTHE 4 Nu	28. FR: Irsing Ho	PLACE OF DEAT	TN (Chec	PERFOR	MED?	2	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
	25. WAS CASE REFERRED TEXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Notural 5 X	TO MEDICAL Pending	HOSPITAL:	ZEVOutpatie	nt 3 DOA	OTHE	28. F PR: Irsing Ho 28c. IN	PLACE OF DEAT	TN (Chec	PERFOR	MED?	2	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
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	25. WAS CASE REFERRED TEXAMINER? X YES 2	TO MEDICAL Pending	HOSPITAL: 1 Inpatient XI 28s. DATE Of (Month, L) 28s. PLACE O	▼R/Outpatle FINJURY Pay, Year)	nt 3 DOA	OTHE 4 Nu ME OF JURY	28. FR: Insing Ho 28c. IN W	PLACE OF DEAT	TN (Chec.	PERFOR	MED?	CCURED	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PYES 2 □ NO								
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BALTIMORE, MARYLAND

permit. Pages 1, 2, 3 should

IMPORTANT: if Nem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

4. SOCIAL SECURITY NUMBER 5. SEX 1	TIME OF DEATH								
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Thomas Beverley Alvis Jr. 198. RMFONMANT'S NAME (hyperPrint) Thomas B. Alvis Jr. 208. METHOD OF DISPOSITION 18 Burlet J Coremation 3 Removal from State 4 Donation 5 Other (Specify) 21 Secret of Disposition 1 American State Donation 5 Other (Specify) 22 NAME AND ADDRESS OF FAULTY Kurtz Funeral Home Jarrettsville, Maryland 23. PART I. Enter the disease, or complicatione that subsed the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause in each line. IMMEDIATE CAUSE (Finel disease or condition) If any, leading to immediate cause. Enter NUDSELYMO CAUSE (Disease or Injury that initiated varies resulting in death) LAST Atrial septal defect, ventricular septal defect, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 28. WAS CASE REFERENCE TO MEDICAL EXAMINER? 10 YES 2 (NAM ONE) 29. WAS CASE REFERENCE TO MEDICAL EXAMINER? 11 (Nother significant conditions contributing to death but not resulting in the underlying cause given in Part I. 29. PLACE OF DEATH (Check only one) 21 (Nother Significant conditions contributing to death but not resulting in the underlying cause given in Part I. 20. PLACE OF DEATH (Check only one) 21. MANNER OF DEATH 22. MANNER OF DEATH 23. WAS CASE REFERENCE TO MEDICAL EXAMINER? 24. WAS CASE REFERENCE TO MEDICAL EXAMINER? 25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 26. DATE OF INJURY AT home, farm, street, factory, office 27. MANNER OF DEATH 28. DATE OF INJURY AT home, farm, street, factory, office 28. CERTIFIER ("Comprison Deviction Devices on Number or Rural Roofe City of Nown, Sime) 29. CERTIFIER ("Comprison Deviction Devices on Number or Rural Roofe City of Nown, Sime)									
198. INFORMANT'S NAME (TypenPrint) Thomas B. Alvis Jr. 200. PLACE OF DISPOSITION (Name as #10									
Phomas B. Alvis Jr. Same as #10	orth								
20b. PLACE OF DISPOSITION (Name of cometery, crematory or Order) 20c. LOCATION — City or Town, 1									
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	Number,								
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end	d manner as stated.								
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE \$IGNED (Mo									

9000 Franklin Square Drive

Sita Kottapalli, MD

32. REGISTRAR'S SIGNATURE

31-DATE FILED (Month, Day, Year)
FEB 5 1990

_	HEGISTIAN					OFTIE				ned. N	O.		
	1. DECEDENT'S NAME (First	HAR	07		Δ	00	Δ.	And	723	2. DATE OF DEATH MONTH	DAY	YEAR	TIME OF DEATN
	4. SOCIAL SECURITY NUM		5. SRX	6. AGE (In yrs. last	hirthrian	IF UNDER	VEAR	IF UNDER	24 1500	7. DATE OF BIRTN	2 /	4 BUSTUR	ACE (State or Foreign
	578-18-03	AI	1 M 2 🗆 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Read:	ing, PA
~	9a. FACILITY NAME (If not it			0		A		OR LOCATIO		ATN	A .	NTY OF DEA	TN
DIRECTOR	ANNE ARUN	IDEL	MEDICAL	_ CENT	ER	A	111	Apol	15		AA	100	
EC	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN O	R LOCA	TION				1	Od. INSIDE CITY
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FUNERAL							100	. ZIP CODE					AT COUNTRY?
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BY	3 Widowed 4 Div	orced		AR OR DATES		_ '	☐ YES	X□ NO	Specify	12		Specify:	White
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APL	12		2	Liq	uor	sto	re	owne	er	Ret	ail	Sales	3
0	17. FATNER'B NAME (First, A	Aiddle, Last)						18. MOTH	ER'S NAI	ME (First, Middle, Maid	en Surname)		
E	Abraham A		vitz					Mar	tha	Hoffa			
TO BE COMPLETED	19a. INFORMANT'B NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
-	Bessie R. Aramovitz 98 Moore Road, Arnold, MD 21012												
	20a. METHOD OF DISPOSITION 1 by Burlal 2 Cremeton 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State												
	Maryland Veterans Cemetery Cheltenham, MD												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home P.A.												
	/horse	011	Talder L	4									4D 21401
ION	23. PART I. Enter the c shock, or t IMMEDIATE CAUSE (The disease or condition resulting in death) Sequentisity list condi- if any, isading to imm	nsart fallure. nel	List only one cau					•		,			Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	rING ury	c. CVA DUE TO	(OR AS A CONSEC	NUENCE O	F):							
MEDICAL	PART II. Other signific	ent condition	e contributing to	death but not n	esulting	in the un	deriyin	g csuse g	ivan in	PERI	AN AUTOPSY CORMED? 2 NO	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
AN	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF D	EATN (Ch	eck only one)			
SIC	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHER		ne 5 🗆 Re	sidence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5	Pending	28a. DATE OF (Month, E	INJURY	28b. TIN		28c. IN	JURY AT ORK?		28d. DESCRIBE HO	W INJURY O	CURED	
ED BY	2 Accident 3 Suicide 6 4 Hornicide	Could not be determined	28e. PLACE (building,	OF INJURY — At ho	me, farm,	street, fact				28f. LOCATION (Stre City or Town, St		or or Aural Ro	ute Number,
COMPLETED	Tourson out	ITIFYING PNYS	ICIAN: To the beat of	my knowledge, de	eth occur	ed at the ti	ma, dat	and place,	and dua	to the cause(s) and	nanner as st	rted.	
OM	one) 2 MEI	DICAL EXAMINE	R: On the basis of a	xamination and/or i	investigati	on, in my o	pinion,	death occur	ed at the	time, data and place	and due to t	the cause(a)	and manner as stated.
BE	295. SIGNATURE AND TITL	E OF CENTIFIE	Cheel	et en	Ne		×.	29s. LICE	NSE NUN	MER	29d. OA	TE SIGNED //	Month, Diec Hear)
5	36. NAME AND ADDRESS C	F PERSON WI	O COMPLETED CAU	BE OF DEATH STEE	# 37) (Spe	. Peng							
	31. DATE FILED (Month. Day	(_)(bar)	Ø32. REGISTRA	AR'S SIGNATURE									
	JAN 2	5 1990	Julia Dav	dson-Asna	ملك								
													DIMMI 46 D 4700

be notified at once.

JAN 29 90

	1 - FOR STATE OF MA		MENT OF HEALTH AND CATE OF DEATH	MENIAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH	
	Lilas Alvilda 4. SOCIAL SECURITY NUMBER 5. SEX	ARVIN		January 26		MI.	
	188-12-4837 1 □ M 2 ☑ F		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	March 11,	Country		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF D	nsylvania EATH	
5	Washington County Hospital		Hagerstown		Washington		
	10a, STATE 10b, COUNTY	10c. CITY,	, TOWN OR LOCATION			10d. INSIDE CITY	
5	Maryland Washington	ı Haş	gerstown		LIMITS?		
	100. STREET AND NUMBER		101. ZIP CODE		VHAT COUNTRY?		
	1120 Beechwood Drive 11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	2174		A. E — American Indian,		
	1 Never Married 2 Married FORCES? 1 FYES. GIVE WAL	YES 2 NO	If yes, specify Cuban, Maxic	an, Puarto Rican, atc.)	Black	k, White, etc.	
	3 Widowed 4 Divorced					white	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of wo	USUAL OCCUPATION ork done during most of working e retired.)	16b. KIND OF BUS	SINESS/INOUSTRY		
	Elementary/Secondary (0-12) College (1-4 or 5+)	seamst		dress			
5	17. FATHER'S NAME (First, Middle, Linst)		18. MOTHER'S N	AME (First, Middle, Maiden	Surname)		
	William H. Mummar			B. Ruth Fre			
2	Mr. Edgar W. Arvin		ADDRESS (Street and Number or Rural Beechwood Drive			and 21740	
	20a, METHOD OF DISPOSITION **PBurlal 2	20b. PLACE OF DISPOSI	ITION (Name of cemetery, crematory or	20c. LOCATION — City or Town, State			
	#⊞ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	Macedonia	U. B. Church C	emetery Gre	encastle	, PA	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF F	ACILITY MINNICH	H FUNERAL	HOME	
	scow rain	much	415 East Wils	on Blvd., F	lagerstow	m, MD 21740	
	23. PART i. Enter the diseeses, or complications that	sourced the death. Do no					
	shock, or heart failure. List only one cause		ot enter the mode of dying, su	ch as cardiec or respi	iratory arrest,	Approximate interval Between	
	shock, or heart failure. List only one cause	e on eech line.		·		interval Between	
	shock, or heart failure. List only one cause	e on eech line.		·		interval Between	
N	shock, or heart failure. List only one cause	e on eech line.		·		interval Between	
ALION ALION	shock, pr heart failure. List only one cause immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	e on eech line.	con cluby The two p	·		interval Between	
ricalion.	shock, pr heart failure. List only one cause immediate CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	e on eech line.	ron clubs	·		interval Between	
FRITCALION	shock, pr heart failure. List only one cause immediate cause. Enter UNDERLYING CAUSE. (Finel disease or injury.) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury.)	on eech line. Let - Ps OR AS A CONSEQUENCE OF	ron clubs	·		interval Between	
ш	shock, pr heart failure. List only one cause immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	or as a consequence of or as a consequence of or as a consequence of	ron clubs	Dunono	, Oriece	interval Between	
CALCE	shock, pr heart failure. List only one cause immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	or as a consequence of or as a consequence of or as a consequence of	ron clubs	Part I. 24a. WAS AN PERFOR	AUTOPSY 24b	interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
CALCE	shock, pr heart failure. List only one cause immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	or as a consequence of or as a consequence of or as a consequence of	ron clubs	Decrease	AUTOPSY 24b	interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
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T PRISICIAN: MEDICAL CE	shock, Dr heart failure. List Dnly one cause immediate cause or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to describe the cause of the	DOR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF CONTRACT OF THE CONTR	26. PLACE OF DEATH (COTHER: 4 Nursing Home 5 Residence E OF 28c. INJURY AT	Part i. 24a. WAS AN PERFOR	AUTOPSY 24b	interval Between Onset and Death Onset and Death were autopsy findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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32. REGISTRAP'S SIGNATURE FUNDAMENTAL SECTION OF THE SECTION OF TH

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

O THE HOSPITAL O O THE FUNERAL D o filed within 72 h MPORTANT: If IN	O STREMEN PRINCIPALITY The law consists that the death confidents he presented within all being from the maining her the bounded or seemed within the maining her the bounded or seemed to the consists of the confidence of the con	10 INF RUSHING PRICIONS PRISIDINAY: The law requires that the determinant to conclude which the breath of the property of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burish-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.	MPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
O THE HOSPITAL C D THE FUNERAL D 6 filed within 72 ho MPORTANT: IT 114	O ATTENDING OF	IRECTOR: After the	ours after death v	em 28 is mari
	O THE HOUSE	THE FUNERAL D	e filed within 72 ho	MPORTANT: If Its

STATE	0F	MARYLAND	/ DE	PARTMI	ENT OF	HE	ALTH	AND	MENTAL	HYGI	ENE
		C	ER	TIFICA	TE O	FD	EAT	H		REG	NO

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				GIENE G. NO.				
- i	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH		TIME OF DEATH		
		HENRYETTA	BRADY	BURROUG	HS	Jan	. 11, 19	YEAR	6:00 P.M.M		
	4. SOCIAL SECURITY NUMBER	The second secon		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	тн		ACE (State or Foreign		
	213 30 2333	1 D M 2 X F 85	5 YRS.			AUG. 2	, 1904	MARY	LAND		
or1	9a. FACILITY NAME (If not institution, give str				R LOCATION OF DI	EATH	9c. COU	NTY OF DEAT	ТН		
TO	St. Mary's Ho	spital	L	eonardt	own		St. Marry's				
E C	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			- 10	Dd. INSIDE CITY		
BY FUNERAL DIRECTOR	MARYLAND ST.	MARY'S	M	ECHANIC	SVILLE		1 □ YES 2 □				
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITI	ZEN OF WH/	AT COUNTRY?		
Line I	1300 OLD RT. #5				20659			U.S.A			
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spi	ENDENT OF HISPAI ecity Cuban, Maxica	n. Puerto Rican.	etc.)	Black, V	- American Indian, Vhite, atc.		
8	3X Widowed 4 Divorced	IF YES, OIVE WAR OR DAT	TES	1 TYES	2 XNO Specif	y:		Specify:	WHITE		
B	15. DECEDENT'S EDUC	ATION	18. DECEDENT'S US	BUAL OCCUPATION	N	16b. KIND	OF BUSINESS/IND				
Ш	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	itte. Do NOT use i	k done during mo- retired.)	at of working						
MPL		5+	SCHOOL	TEACHE	ER	ELEM	ENTARY E	DUCAT	ION		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Malden Surname)				
BE	HENRY B. BRADY						INE GIBE				
2	19a. INFORMANT'S NAME (Type/Print)	HCHC ID			nd Number or Rural				F.O.		
	WILLIAM R. BURRO		PLACE OF DISPOSIT		#5, MECI		1 LLE, ML 20c. LOCATION -				
	1X Burial 2 Cremation 3 Ramo	wal from State A	other place) ALL FAITH				HUNTERS				
	21. BISSATTATILE OF FUNERAL MENTICACES	disses ///	1111111	22. NAME AN	ID ADDRESS OF FA	CILITY			, 110.		
	Moul W KM	nstell X			SFIELD F			145 0	0.4.00		
	23. PART I. Enter the diseeses, or c	omplications that caused	the deeth. Do not	enter the mo	BOX 279 de of dying, suc	h as cerdiec o	r reepiratory an	MD. Z	Approximate		
	23. PART I. Enter the diseases, or combicatione the caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heert failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. MENASTATIC PATRICO CARCINIONIA for Lungs C+Mos, DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	disease or condition	MEMASTE	The B	denco c	Brem	mes to	Lun : L	unce	Cotmos		
	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF):			0		0	0 ,,,,		
Z	Sequentielly list conditions,	Proposte	Adeno	CRECH	como a	foll	scalde	V	6 nws		
Ĕ	It any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):		0	0					
길	CAUSE. (Disease or Injury that Initiated sweets DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	that initiated events resulting in deeth) LAST		oonoccachoc or j.								
		Ja									
MEDICAL	PART II. Other algnificant condition	a contributing to death bu	t not resulting in	the underlying	g cause given in		WAS AN AUTOPSY PERFORMED?	A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO		
ğ						10	YES 2 NO	0	OMPLETION OF CAUSE F DEATH?		
						_		1	□ YES NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF DEATH (C/	mark anti-anni					
<u>S</u>	EXAMINER?	HOSPITAL:		THER:			м.				
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c, INJ	e 6 Residence		E HOW INJURY OC	CURED			
	Natural 5 Pending	(Month, Day, Year)	INJUE		RK7 (ES 2 NO						
Э ВУ	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, str	eet, factory, affic	•		(Street and Number	or Rural Rou	te Number,		
E	4 Hornicide determined	building, etc. (opecin	y)			City or Tow	n, State)				
COMPLETED	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my knowle	dge, death occurred	at the time, date	and place, and due	to the cause(s)	and manner as stat	ted.			
OM	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the							ne cause(s) a	nd manner as stated.		
ш	280. SIGNATURE AND THE OF CHATIFIED			29c. LICENSE NU	_	29d. DAT		fonth, Day, Year)			
TO B	Additional Proces						10				
-	10. NAME AND ADDRESS OF PERSON WHO										
	John W. Roa 31. MTE FILED (Month, Day, Year)	che M.D. 32. REGISTRAR'S SIGNA	Mechanic	sville	Md. 20	659					
	JAN 16'90	Lulia Noind	on-Randell								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ENDING PHYS	DR: After this of	ter death with	8 is marked
AL OR ATT	AL DIRECT	72 hours af	If Item 2
TO THE HOSPIT	TO THE FUNERA	be filed within 7	IMPORTANT:

BALTIMORE, MARYLAND 21203-3/46

the hospital or attending ph

be retained by

after death. Page 6 may

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 01-23-90 0258 Etta Rose Baker 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS DAYS 1 M 2 KF YRS. 11-01-32 57 Kansas 549-50-2099 9b. CITY, TOWN OR LOCATION OF DEATH Se. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH DIRECTOR Kimbrough Army Comm. Hospital Ft. Meade Anne Arundel RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Meade 1 YES TO NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20755 USA 4325 O'Kane Court 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES XXNO Specify: 1 Never Married 2 Married Specify: BY White 3 Widowed 4 Divorced 1956-1 967 6 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12 4 Military Army Nurse 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)/ Tauscher Sylvester J. Fern Hall 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Côde) 2 Richard C. Baker 4325 O'Kane Court, Ft. Meade, MD 20755 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State Metro Crematory Baltimore, MD 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home P.A. 21, SIONATURE OF FUNERAL SERVICE LICENSEE Hacker 851 Annapoilis Road, Gambrills, MD hones 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert fellure. List only Interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition 2 ½ hour arrest Cardine resulting in death) DUE TO (OR AS A CONSEQUENCE OF): J I Bleed 3 hours Sudden + massive CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Malignan Several weeks CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAIL ABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpetient 2 ☑ ER/Outpetient 3 ☐ DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 Natural 1 YES 2 NO BY 2 Accident
3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE on D Kaith D1275 1.23,90 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KIMBROUSH ARM Y HUS PITAL A. BEGISTONE'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the flad within 72 hours after death with the State Dent of Health and Mental Hotilete bring to build. cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MAR						MENTAL	HYGIENE
	CE	RTIFICATE	OF	DEAT	H		REG. NO.

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND	/ DEPARTM			MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н		3. TIME OF DEATH
	MYRTIE M. BRI	09077				MONTH	18	PD.	8.25 A M
1	4. SOCIAL SECURITY NUMBER 5. SE		100	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign
	377 04 3277	M 2 X F 92	YRS.		mat.	12-18	1897	Ma	rvland
~	9a. FACILITY NAME (If not institution, give street an	//		CITY, TOWN	R LOCATION OF DE	ATH		INTY OF D	0
DIRECTOR	SOUTHERN MARY IN	tren Hospia	741	C1	MODEL		PRI	MCG	460KGES
REC	10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 37
	Maryland Cha	ırles		Wald	orf				1 TES 2 NO
AL	10a. STREET AND NUMBER			101	ZIP CODE		10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	438 Lake Drive				206				SA
F	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.S. ORCES? 1 YES 2	ARMED (NO		ENDENT OF HISPAN			14. RACE Black	— American Indien, t, White, etc.
BY	3XXWidowed 4 □ Divorced	YES, GIVE WAR OR DATES		1 TYES	2 X NO Specify			Speci	White
	15. DECEDENT'S EDUCATION		DECEDENT'S US			16b. KIND OI	F BUSINESS/IN	DUSTRY	
ET	(Specify only highest grade completing the completing state of the completing	ted) age (1-4 or 5 +)	(Give kind of work lie. Do NOT use re	done during mo tired.)	st of working				
AP	4th		House	ewife			N/	'A	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NAM	ME (First, Middle, Mi	siden Sumame)		
BE	Albert Lang	ley			Mar	garet Ch	risman	1	
TO	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural A	loute Number, City o	r Town, State, Zi	ip Code)	
	Shirley Caspar				rive Wa				
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremetton 3 Removal for	om State offier	place)		netery, crematory or	20	c. LOCATION —		
	Donation 5 (Specify)		dar Hi		D ADDRESS OF FAC	PILITY	Sulti	land,	Maryland
	A. 10 V	11.11		Geo	rge P. K	alas Fur	neral H	Iome	
	23. PART I. Enter the diseases, Dr compil	us III		616	O Oxon H	ill Rd.	Oxon F	li11,	Md. 20745
CERTIFICATION	ahočk, or heart fellure. List o IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Jongo Au Springer as a come After 105 5/8 10 100 AS A COM 5/8 10 100 AS A COM 5/8 100 AS A COM 5	HEQUENCE OF): CLUMENCE OF): HEQUENCE OF): HEQUENCE OF):	Lery USIS	t far	eline ertion	n		Interval Between Onset and Death
SAL	PART II. Other algnificant conditions con	tributing to death but no	t resulting in t	ha underlyin	cause given in		S AN AUTOPSY	24b	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	- V						ES 2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Che	eck only one)			
SIC	EXAMINER? 1 YES 2 X NO 1X	SPITAL: Inpatient 2 ER/Outpatient	3 DOA 4	THER: Nursing Hom	e 5 🗆 Residence	6 Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y WC	URY AT RK? /ES 2 NO	26d, DESCRIBE H	O VRULNI WO	CURED	-
		28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stre	et, fectory, offic		281. LOCATION (S City or Town,		er or Rural I	Route Number,
COMPLETED	29a. CERTIFIER (Check only 2 MEDICAL EXAMINER: On	To the best of my knowledge, the basis of examination and							a) and menner as stated.
TO BE C	296. MONATURE AND TYPE OF CENTIFIER	VZ N.D	Alle	ndin	29c. LICENSE NUM	2453	5 29d, DA	TE SIGNED	8 190
F	30. NAME AND ADDRESS OF PERSON WHO COM Laxmi N. Berwa M.I				e. #C101	Clinton	n, Md.	2073	5
	P.	32. REGISTRAR'S SIGNATURE	1.00						
	JAN 22'90 94	hia Davidson-Rank	1000						

MD 21502 Approximata Interval Between

Onset and Death weels

24b. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

29d. DATE SIGNED (Month, Day, Hear)

1-10.90

BALTIMORE, MARYLAND 21203-3

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page 6 may be retained by the it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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Į.	1. DECEDENT'S NAME (First, M		DI	UDTON						2. DATE	OF DEATN	" OO	YEAR	3. TIME OF DEATH 05:20am
	HAZEL S	SHARPS	5. SEX	URTON	s. last birthday)	IF UNDER 1 Y	YEAR	is imper	0.04 1000		16 DE BIRTIN	90	A Burge	
	214-07-1295	14-07-1295 1 - M 2 - F 86 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year, 05-24-1.)				, Day, Year))3	Count	IPLACE (State or Foreign ry) WV					
5	SACRED HEAR	T HOSP				9b. CITY, TO		nber]		EATN		9c. COUN	LEGA	
DIRECTOR	RESIDENCE OF DECE	DENT Db. COUNTY			10c. CI1	Y, TOWN OR	LOCAT	TION						10d. INSIDE CITY LIMITS?
	MD		Allegany		(Cumber	1ar	nd						1 X YES 2 NO
	10e. STREET AND NUMBER						101	ZIP COO				10g. CITI	ZEN OF 1	WHAT COUNTRY?
	103 Fores	t Driv						2150				US	A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Me 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	X NO	If y	108, SP		m, Mexica	in, Puerto F	? (Specify Yee licen, etc.)	or No		E — American Indian, k, White, etc. #y: White
	15. DECED (Specify only hi	ENT'S EDUC	ATION completes()	166	DECEDENT'S (Give kind of	USUAL OCCI	UPATIO	ON and upodri	0.0	16b.	KIND OF BUS	INESS/IND	USTRY	WIIILE
COMPLE	Elementary/Secondary (0-12	-	College (1-4 or 5	+)	life. Do NOT u	se retired.)		STOL WORK	···y		own ho	me		
3	17. FATNER'S NAME (First, Midd							18, MOT	HER'S NA	ME (First, A	fiddle, Malden	Sumame)		
J D			s Nelson	Sharp							Eleano			
2	190. INFORMANT'S NAME (Type									Floute Numb	er, City or Town	n, State, Zip	Code)	
	Rex W. Bur					rland					T			
-	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 4 Donation 5 Other (S)		val from State	Off	ACE OF DISPO							CATION —		
1	21. SIGNATURE OF FUNERAL S		NSEE	H)	illcres				SS OF FA	CILITY	<u> </u>	mber	land	, MD
	• // .	_	1	. 11	/						Home,			
1	yanes	1	X Can	pell	^	10	8 7	/irgi	nia	Aven	ue. Ci	mber	land	
	23. PART i Enter the dise shock, or hea	rt fallure. L	ist only one car	it ceused thuse on each	a deeth. Do line.	not enter th	ne mo	da of dy	ing, suc	h as cerd	llec or reepl	retory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Fine)		11.	-	0.0	0 0	-	0						Onset and De
	resulting in death)	•	HO	ollo	HISEOUENCE O	ula t	600	Jul.	4					weeks
			O COE NO	OH AS A CO	NSEOVENCE (1								4.
5	Sequentially list condition		DUE TO	(OR AS A CO	INSEQUENCE C	F):	<u>\</u>	-						1
ξ	if any, leeding to immedia cause. Enter UNDERLYING	g ,	Car	11 200	arma	- of	U	la	te					month
	CAUSE (Disease or injury that initiated events		DUE TO		NSEOUENCE C	(F):	1							
CENTIFICATION	resulting in death) LAST	d	•											
- 1	PART II. Other significent	conditions	contributing 10	death but	not resulting	In the unde	erlyin	g ceuse	given in	Part I.	24a. WAS AN PERFOR		241	. WERE AUTOPSY FINDIN
											1 TYES 2			COMPLETION OF CAUS OF DEATH?
E										_				1 YES 2 NO
	25. WAS CASE REFERRED TO	MEDICAL			_		26. PI	LACE OF I	DEATH (Ch	neck only on	·e)			
Phraici	EXAMINER?		HOSPITAL:	☐ ER/Outpetle	nt 3 🗆 DOA	OTHER:	e Hon	ne 5 🗆 R	esidence	8 🗆 Othe	r (Specify)			
	27. MANNER OF DEATN		28e. DATE OF		28b. Til		8c. INJ	JURY AT			CRIBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pe	nding restigation	(Month, I	yay, rour)		44	1 🔲		_ NO					
בס סט	3 Suicide 8 Co	uid not be termined		of INJURY , atc. (Specify)	At home, farm,	street, factory	y, offic	:0			ATION (Street or Yown, State)		or Rural	Route Number,
OMPLET	one)		IAN: To the best of											e) and manner as claim
8	200 00000000000000000000000000000000000		The state of the s	-)				and the same a					

DOUGH (JATHR 33) (JUNE LAND)

MD.

CUMBERLAND,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

29s. LICENSE NUMBER

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JAN 1 8 1990

	FOR 1 . STATE	STATE OF MARYLA				MENTAL	HYGIENE		90 0328		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CERTIF	ICATE OF	DEATH		REG. NO.				
- 3					2. DATE OF MONTH	DAY		YEAR 7:28 AM			
	Cecil C By		n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	BIRTH	990	8. BIRTHPLACE (State or Foreign		
	220 34 1884 9e. FACILITY NAME (If not institution, give st	1 💢 M 2 🗆 F	<i>x</i> – 33			08000	1934		Country) MD		
TOR		Frostburg Community Hospital						Alle			
DIRECTOR	100. STATE 10b. COUNTY	rett	y, town on Loc rantsvil					10d. INSIDE CITY LIMITS? 1 YES 2 X XIO			
FUNERAL	Rt. 2 Box 79	1	01. ZIP CODE 21536			-	en of what country? ted States				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 00	If yes, a	If yes, specify Cuban, Mexican, Puerto Rican, etc.)			IA. RACE — American Indian, Black, White, etc. SpecifyWhite			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 8+)	16e. DECEDENT'S (Give kind of life. Do NOT us	work done during n		16b. Ki	IND OF BUSI	NESS/INDU	STRY		
APL	7	Soliege (1-4 St 5 4)	Fo	orester		1	MD Pa	ark S	Service		
	17. FATHER'S NAME (First, Middle, Leat) Carl Broadwater				16. MOTHER'S NA	AME (First, Mid yn Rot		Surname)			
TO BE	19e. INFORMANT'S NAME (Type/Print)							r Town, State, Zip Code)			
F	Delta P. Broadwater Rt. 2, Box 79; Grantsville, MD 21536										
	20g. METHOD OF DISPOSITION 1	oval from State	other place)		cemetery, crematory or Cemetery		1		ville, MD		
	21. SIONATURE OF FUNGBAL SERVICE LIC	Deursai)	Ne	ewman Fu	inera	1 HOm	nes, 21530	P.A.		
	23. PART I. Enter the diseasea, or o shock, or heart failure. IMMEDIATE CAUSE (Finst disease or condition resulting in death)	List only one cause on ea	ich lina.	not enter tha m	oda of dying, suc	ch ss cardla	c or respire		Interval Between		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death Cause of the conditions which is a consequence of the cause of the										
BY PHYSICIAN: MEDICAL C	PART II. Other significant condition	e contributing to death bi	ut not resulting	In the underly	ng causa given in		4e. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN: M									1 TYES 2 NO		
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C						
PHYS	27. MANNER OF DEATH	1 M Inpatient 2 ER/Outp 26e. DATE OF INJURY (Month, Day, Year)	26b. TIA	IE OF 26c. II	NJURY AT YORK?		Specify)	JURY OCC	VRED		
	2 Accident Investigation 3 Suicide 6 Could not be determined determined				M 1 VES 2 NO			nd Number o	or Rural Route Number,		
COMPLETED	onel	CIAN: To the best of my knowl							d.		
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER		0		29c. LICENSE NU	IMBER			SIONED (Month, Day, Year)		
TO E	- CS	ry HTe.	- '-		10212	44		•	1/16/90		
	30. NAME AND ADDRESS OF PERSON WH Tan, Jesus H., M.	.D. Frost	ourg Pla	za Fro:	stburg, M	arylar	nd 21	1532			

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I) MEN	TAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle	HENRY M. BUT	LER			M	ATE OF DEATH DAY	14 1990	3. TIME OF DEATH A M
	4. SOCIAL SECURITY NUMBER 577-03-2140 So. FACILITY NAME (If not institution	1 M 2 D F	(in yrs. last birthday) 9 YRS.	ATE OF BIRTH Month, Day, Year) UG 12 19	Co	RTHPLACE (State or Foreign suntry) DISTRICT COLUMBIA			
TOR	Se. FACILITY NAME (If not institution, give street and number) NATIONAL NAVAL MEDICAL CENTER BETHESDA RESIDENCE OF DECEDENT								TGOMERY
DIRECTOR		FAIRFAX	10c. CIT	TY, TOWN OR LOCA	TION INANDALI	,			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER				of ZIP CODE				OF WHAT COUNTRY?
BY FUNERAL	7838 HERITA(11. MARITAL STATUS 1 Never Merried 2 Merried 3 XMidowed 4 Divorced	IN U.S. ARMED 2 NO DATES	If yes, s	220(CENDENT OF HIS pecify Cuban, Me s 2 X NO Sp	PANIC OF	RIGIN? (Specify Yee erto Rican, etc.)	or No — 14. R	CD STATES ACE — American Indian, lack, White, etc. pecify: WHITE	
ETED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	S EDUCATION of grade completed) College (1-4 or 5+)		S USUAL OCCUPAT work done during mase retired.)			16b. KIND OF BUS	INESS/INDUSTR	Y
COMPLETED	17. FATHER'S NAME (First, Middle, L	5+	U.	S.AIR FO		NAME (E	D Irst, Middle, Melden	EFENSE	
1111		HENRY C. BUTLE				V	IRGINIA	FARMER	
TO BE	190. INFORMANT'S NAME (Type/Prin	INS	7838	HERITAC	E DRIVI	E, Al	Number, City or Town	, VA 22	2003
	29e. METHOD OF DISPOSITION 1 Departed 2 Cremetton 3 4 Departed 6 Other (Specific	Removal from State	other place) THE NATI			or		ENGTON,	VIRGINIA
/	DE SIGNATURE OF PUNERAL SERV	O Sal	1	DEMAI		RAL	HOMES, I		
CERTIFICATION	shock, or heart for individual sease or condition resulting in death) Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE O	OF);	AIA				Interval Between Onset and Death
PHYSICIAN: MEDICAL CI	PART II. Other algoriticent con	nditions contributing to death	but not resulting	In the underlyle	ng ceuse given	In Part	I. 24e. WAS AN PERFOR	IMED?	1 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
YSICIAN	25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 X NO	HOSPITAL:		OTHER:	PLACE OF DEATH				
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pendin	26e. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 26c. IN	me 5 Reelder JURY AT ORK? YES 2 NO	-	. DESCRIBE HOW I	NJURY OCCURE	D
	2 Accident Investi 3 Suicide a Could 4 Homicide determ	not be 28e. PLACE OF INJUI	RY — At home, farm, secify)			261.	LOCATION (Street of City or Town, State)		irel Route Number,
BE COMPLETED	anal and an	PHYSICIAN: To the best of my kno							ese(e) and manner as stated.
TO BE C	29b. SIGNATURE AND SITLE OF CO	ERTIFICATION MAINTENANCE OF THE CAUSE OF THE	uon		29c. UCENSE		AL MEDIC	► JAN	NED (Month, Day, Year) V - 17- 90
	D. B. ROBI	NSON, LCDR, MC.	USN	B			20814-5		LEK
	JAN 22	90 32. REGISTRAR'S SH	Mass Range	lope					

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	TMENT OF I		MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) BEATRICE	M.	BA	Cows		2. DATE (MONTH			3. TIME OF DEATH 0 12:10 A. N	u
		1 \square M 2 \overline{X} F 68 YRS. MONTHS DAYS HOURS MIN. (Morth, Disy, Yes AUG. 27.							BIRTHPLACE (State or Foreign Country) ENNSYLVANIA	
NO I	3416 FARTHING DRIVE	end number)		WHEATO		PEATH		9c. COUNTY MONT	GOMERY	
DIRECTOR	100. STATE 10b. COUNTY MARYLAND		Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	100. STREET AND NUMBER 3416 FARTHING DRIVE	MONTGOME	11(1	100	r. zip code 20906			10g. CITIZEN	N OF WHAT COUNTRY?	_
BY FUNERAL		. WAS DECEDENT EV FORCES? 1 I	YES 2 NO	If yes, sp	CENDENT OF HISPA secify Cuben, Mexic 3 2 X NO Spec	an, Puerto R			RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) 1 2	ON ppleted) ollege (1-4 or 5 +)	(Give kind of	ECCOENT'S USUAL OCCUPATION live kind of work done during most of working DO NOT use retired.)						
BE COM	17. FATHER'S NAME (First, Middle, Last) JESSE ALLEN BRUBA	KER				E. Co	ORRIGA	N		
2	A. ERNEST BROWN, J	R.		FARTHING	B DRIVE,	WHEA'	TON, M	ARYLAN	ND 20906	
	208. METHOU OF DISPOSITION 1 XBuriel 2 Cremetion 3 Removal 4 Donetton 5 Other (Specify) 21. SIGNATURE OF SUNERAL SERVICE LICENS		other place) MARYLAND	VETERAN '		ERY			y or Town, State	
	· Sergant	ME	who	FRANC	[S J. CO	LLINS			ME, INC. SP., MD 2090)]
	23. PART I. Enter the diseases, or come ahock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	CONTRACTOR CONTRACTOR	on each lina. AS A CONSEQUENCE O	CA	Ode of dying, au		iac or reapi	ratory arres	t, Approximata interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST									
_	PART II. Other algnificant conditions of	ontributing to de-	eth but not resulting	in the underlylr	g ceuse given i	n Part i.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	_
PHYSICIAN: MEDICA							1 TYES 2		COMPLETION OF CAUSE OF DEATH?	
CIAN		OSPITAL:		26. F	LACE OF DEATH (C	Check only on	0)			
	27. MANNER OF OEATH 1 Netural 5 Pending	25e. OATE OF INJ (Month, Day, 1	VOutpetlent 3 DOA URY 28b. Tilk	JURY W	JURY AT ORK? YES 2 NO	6 Other		NJURY OCCUP	REO	-
TED BY	2 Recident investigation 3 Sulcide 6 Could not be determined	28e. PLACE OF IN building, atc.	JURY — At home, farm, (Specify)	atreet, factory, offi	CO	28f. LOC.	ATION (Street or Town, State)	and Number or	Rural Route Number,	
Success 6 Could not be determined building, atc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated one)										
BE	296. SIGNATURE AND TITLE OF CENTIFIER	sall			DO4	766		29d, DATE S	NAMED (Month, Day, Year)	
욘	30. NAME AND ADDRESS OF PERSON WHO CO		OF DEATH (ITEM 27) (Type	PNSIW	6700	M	9	208	95	
	31. DATE FILED (Month, Day, Year) $L-17-90 \text{ JAN}$	32. REGISTRAR'S	SIGNATURE Julia X	PriSIW	nde 00 .					

E, MARY LAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page series of by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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90	DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem
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	FOR STATE REGISTRAR	STATE OF M	MARYLAND / CE				ALTH AN DEATH	D MENTA	AL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)		100				2. DAT	E OF OEATH	v	YEAR	3. TIME OF D	EATH	
	CHARLES	BAI	RB				1,000	uary 2		90	10:20	р. м	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER 24 HP	s. 7. DATE	OF BIRTH		S. BIRTH	PLACE (Siete o	Foreign
OR	220-10-9407	1 🛛 M 2 🗆 F 76		YRS.	MONTHS		HOURS MI	_	(Morth, Day, Year) 3-23-13			West Virginia	
	9e. FACILITY NAME (If not institution, give a Memorial Hospita				nberl	and	F QEATH	9c. COUNTY OF DEATH Allegany					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN	OR LOCATIO	DN .					10d. INSIDE C	aTY
DIR	Maryland All	egany		C	umbe	rland						LIMITS?	□ NO
FUNERAL	10e. STREET AND NUMBER	3					ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY	77
ER/	407 Avirett Aven	II e				2	1502		USA				
3	11. MARITAL STATUS	12. WAS DECEOEN	IT EVER IN U.S. AR		13.			SPANIC ORIG	IN? (Specify Yes		14. RACE	- American I	ndlen.
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NAR OR DATES	10		If yes, spec 1 YES 2	Ify Cuben, Ma	exicen, Puerto pecify:	Rican, etc.)		Speci	k, White, etc. Hy: Whi:	•
	15. DECEGENT'S EDU	CATION	16a DE	CEDENT'S	IISHAL O	CCUPATION		100	b. KIND OF BUS	IMESS/IND	LICTOV	WILL	re
13	(Specify only highest grade	completed)	(Gi	lve kind of a	work done	during most	of working	1,0	e. KIND OF BOS	INESS/IND	OSINI		
2	Elementary/Secondary (0-12)	College (1-4 or 5		heck	ar				German	Ryon	JOYY		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 0	HECK	C I		18. MOTHER'S	S NAME (First,	Middle, Malden		very		
	Charles R. Barb						Nan	Rigg	,				
) BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Nu												
5	Georgia Barb 407 Avirett Avenue-Cumberland, MD 21502												
	20q METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	owel from State	20b, PLACE other pla	OF DISPO	SITION (N	ame of came	tery, cremetory	or	20c. LO	CATION —	City or To	wn, State	
	4 Donation 5 Other (Specify)	Oval Holli State	Sun	set	Memo	rial	Park		C	umber	rland	d, Mary	pland
1	21. SIGNATURE OF FUNERAL SERVICE LIN	Lachen	ch.			Georg		hurch	Funera				1502
	23. PART I. Enter the diseases, pr	complications the	at caused the de	ath. Do i	not anter	tha mod	e of dving.	auch as ca	rdiac or	ratory arr	est.	i Approx	
	shock, or heart failure.	List off one can	use on each line		-1	>	7 7	1	(1)	1		Interva	Between
	IMMEDIATE CAUSE (Finel disease or condition	(w	dein	SC	el	2	10	en	1 //	1	in	000	and Death
	DUE TO (OR AS A CONSEQUENCE OF):												
S	Sequentially list conditions,	b	(OB AS A COMPE	OHENOE O	D.							-	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING												
띮	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A CONSEQUENCE OF):											
FR	resulting in death) LAST												
	PART II. Other algnificant condition	ne contributing to	death but not r	reaulting	In the u	nderlying	cause give	n In Part I.	24a, WAS AN	AUTOPSY	24b	. WERE AUTOPS	Y FINDINGS
S	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FIN PERFORMED? ANALABLE PRIOR TO COMPLETION OF COMPLETION									OT RO			
ED									1 TYES 2	X _{NO}		OF DEATH?	
Σ												1 YES 2	_ NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF DEATH	1 (Check only	one)				
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE		5 - Reside	nce 6 🗆 Ott	ner (Snectiv)				
¥	27. MANNER OF DEATH	28e. DATE OF	FINJURY	28b, TIN	E OF	28c. INJU	RY AT	T	ESCRIBE HOW I	NJURY OC	CUREO		
ву р	Netural 5 Pending investigation	(Month, I	Day, Year)	IN.	JURY	1 TYE	IK? IS 2 NO						
	3 Suicide 6 Could not be datermined		OF INJURY — At ho , etc. (Specify)	ome, ferm,	street, fac	ctory, office			CATION (Street by or Town, State)		or Rural i	Route Number,	
ET.	200 CERTIFIED				_						-		
COMPLETED	(Check only one) 2 MEDICAL EXAMINI											a) and manner	na atated
				vacagetr	,	-pansing de			7)			/	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	in to	Viz_			12	LICENSE	NUMBER	7	29d. DAT	SIGNED	(Molnty Day, H)er)
2	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) (7)	Print)		.) (-		-		

Memorial Hospital Medical Building, Cumberland, MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Fiscus, M 31. DATE FILED (MOORIT, Dec 1990) JAN 25 1990

OHMH-16 Rev 1/89

203	4	8	8	1
BALTIMORE, MARYLAND 21203	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by presented the presented of the presented o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should in warmand and completely filled in by the funeral director, page 5 should be warmand and the funeral director, page 5 should be warmand and the funeral director.	To a second	nce.
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ITAL	N: The	ficate ha	State D	llem ?
DF V	HYSICIA	his certif	vith the	ed, or
ONO	DING P	After th	death v	s mari
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	A ATTEN	RECTOR:	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at snee
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	E HOSF	E FUNE	d within	RTAN
	5	THE THE	be file	IMPO

the burial-transit permit. Pages 1, 2, 3 should

1. DECEDENT'S NAME (First, Middle, Last) ROY W. BRANSON							2. DATE OF MONTH 01	DA	, - 199	YEAR O	3. TIME OF DEATH 10:00 P.M.M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTN Day, Year)	- 1	. BIRTN Countr	PLACE (State or Foreign
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1 M 2 F	87	YRS.				06-	01-02	W		
9s. FACILITY NAME (If not institution, give stre				9b. CITY, TOWN	R LOCATI	ON OF DE	EATN		9c. COUNT		
SACRED HEART HOS	SACRED HEART HOSPITAL CUMBERLAND								ALLE	GAN	Y COUNTY
10s. STATE 10b. COUNTY											10d. INSIDE CITY
WEST VA MINE	K	EYSER			1[1 TES 2 NO			
10e. STREET AND NUMBER		10	, ZIP CODI	E		10g. CITIZEN OF WHAT COUNT			VHAT COUNTRY?		
	ROUTE 3. BOX 349 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI					5			USA		
1 Never Married 2 Married	FORCES? 1	YES 2V N	O	If yes, sp	ecity Cubs	n, Mexica	and records the start,			c, White, etc.	
3 Wildowed 4 Divorced	IF YES, GIVE W	AN ON DATES		I B YES	2 X NO	Specin	γ:			Speci	WHITE
15. DECEDENT'S EDUCA (Specify only highest grade of		(Gh	ve kind of	USUAL OCCUPATION	DN at of working	ng	16b. R	IND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5 +)				o NOT use retired.)						
5 17. FATHER'S NAME (First, Middle, Lest)	HLE	RMAKER	10 MOT	HED'C MA	ME (First, Mic		RAIL	ROAL)		
DAVE BRANSON						JRA_		rura, manueri -	Surname)		
19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street :				City or Town	n, State, Zip C	(ode)	
CHRISTIAN H. BRAN	SON		ROII	TF 3. RO	x 340	-KF	YSER	WV :	26726		
20a. METNOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Remo	val from State	20b. PLACE (OF DISPO	IF 3 ROX 349 - KFYSFR, WV 26726 SITION (Name of cemetery, crematory or 20c, LOCATION — City or Town,						wn, State	
4 Donation 5 Other (Specify) HILLOFST RIDIAL DAD								Lcu	MBERL/	UND.	MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE-UPCHURCH FUNERAL HOME, P.A.											
Mendy P). ls	9 Strady 1: Maxheurc 202 GREENE ST., CUMBERLAND, MD 21502										
23. PART I. Enter the diseases, er co shock, or heart fellure. L	omplicatione thet lat only one caus	ceueed the de se on each line	ath. Do	not enter the mo	de of dy	ing, auc	h ae cardle	c or respi	retory arre	st,	Approximats Interval Between
IMMEDIATE CAUSE (Final disease or condition Cause of the condition											
resulting in death) a	DUE TO	OR AS A CONSEC	UENCE C	HI.							Mens
disease or condition resulting in death) a. Cardoneywatery failure DUE TO (OR AS A CONSEQUENCE OF)! End they remake dewenter woulds											
DUE TO (OR AS A CONSEQUENCE OF):											
CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):											
that Initiated events resulting in death) LAST											
G											
PART II. Other alignmeant conditions	PART II. Other aignificant conditions contributing to death but not										WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
						1 U YES 2 (1) NO				1	OF DEATH?
1 VES 2 DA								1 VES 2 JANO			
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER: 4 Nursing Hor	ne 8 🗆 R	esidence	8 Other	(Specify)			
27. MANNER OF DEATH	28s. DATE OF (Month, Da		28b. TII	ME OF 28c. IN	JURY AT		28d. DE\$C	RIBE HOW I	NJURY OCCI	JRED	
1 Natural 5 Pending 2 Accident Investigation					YES 2 [NO					
3 Suicide 6 Could not be determined determined							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
An Apprilia											
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of sxaminstion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE NUMBER									
Alleo			D	334				26/90			
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Typ	e, Print)						+	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JAMES N - MOEN 1068 NATIONAL INVINCENCE LA VALE, MD 21502											
OAMES A-140		R'S SIGNATURE									

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely timed in by the funeral director, par the fined within 22 hours after death with the State Dent, of Health and Mental Motiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be	ı
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH								
	1. DECEDENT'S NAME (First, Middle, Last)	REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH							
	VERONICA BLAZIS	MONTH 1 DAY 23 YEAR 8 DS PM							
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRI 7 YRS. MONTHS DAYS HOURS MIN	(Month, Day, Year) Country)							
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF								
TOR	Annapolis Convalurent Cower Annapol	in Anne Arundel							
DIRECTOR	Md ANNE AryndeL ANNAPOLIS	10d. (INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	1002 PADDINOTON PLACE 2/40	3 10g. CITIZEN OF WHAT COUNTRY?							
F	11. MARITAL STATUS 12. MAS DECEDENT EVER IN U.S. ABMED 13. WAS DECENDENT OF HIS 1 Never Married 14. WAS DECENDENT OF HIS 15. WAS DECENDENT OF HIS 16. WAS DECENDENT OF HIS 17. WAS DECENDENT OF HIS 18. WAS DECENDENT OF HIS 19. WAS DECENDED OF HIS 19. WAS DECENDED OF HIS 19. WAS DECENDED OF HIS 19. WAS DECENDED OF HIS	PANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, lican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc.							
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 00 Sp	soft Te							
ED I	16. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY							
COMPLET	Elementary/Secondary (0-12) P College (1-4 or 5+)								
OM		NAME (First Middle, Melden Surname)							
BE (unknown	ntenoun							
101	100 NFORMANT'S NAME (Typerprint) 190 MAILING ADDRESS (Streetland Number or Flurel Rouge Number, Gity or Town, Stelle, Zip Code) SAME AS DEF								
	28e_METHOD OF DISPOSITION 1 Buriet 2 Cremetton 3 Removal from State Donation 5 Other (Specify)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
CAGIL	CHAPLES E, HICKS 1922 FOREST Dr. ANNA MAZINO								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, a shock, or heart fellure. List only one cause on each line.	uch as cardiac or respiratory arrest, Approximate Interval Between							
	IMMEDIATE CAUSE (Final								
, and	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):								
Z	Cardio Respiratory Av	rest 10°							
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING 1400 Cances (NOT BIORY PROFES) 21/2 Most								
FIC	CAUSE (Disease or Injury that Initiated events DUE TO (OFF IS A CONSEQUENCE OF):								
ERTI	resulting in deeth) LAST								
O	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given								
MEDICAL	ASCVD, HTN, R) deculitus alcer, NIDDM 1 YES 2 THO COMPLETION OF CAUSE OF DEATHS								
MEC		1 ES 2 NO							
		6							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
HYS	1 PES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residen 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	ce 6 ☐ Other (Specify) 28d. OESCRIBE HOW INJURY OCCUREO							
ВУ Р	Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO								
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)							
ETE	4 Homicide detarmined								
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at								
		NUMBER 29d. DATE SIGNED (Month, Day, Year)							
	290, SIGNATURE AND TITLE OF CERTIFIER	290. DATE STORED (MOTHIT, Pay, 1981)							
B	africa MO D31	997 1/24/90							
	africa MO D31	003							

GORDON MD 16 MUNIZY AZ 1801) 32. REGISTRAB'S SIGNATURE JAN 26 1990 Julia Davidson Brokese

grade of the state of 4-25-26 Ellismond Arriage Com Armedicades Maryelin Commission Contra Bran Arenin Careta is mostly done of Lung Carra (mi sour marca) Mary will Before he was a Mary

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	. DIRECTUR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	hours after death with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or removal,
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1 - FOR STATE REGISTRAR	STATE OF MARYI	LAND / DEPARTMENT CERTIFICATE		ENTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, M	MENCEL	= NCE CHESION BURNELL MONTH 1 DAY 24 1890 11479. M								
4. SOCIAL SECURITY NUMBER	1 🗆 M 2 🖝 F	(In yrs. lest birthday) F UNDER MONTHS 9b. CITY.	DAYS HOURS MIN.	7. DASE OF BIRTH	is diffiplace (State or Foreign) Country) Mary and					
90. FACILITY NAME (IN not Post	mberstone K	Annel Hunde								
Maryland	Anne Arundel	10c. CITY, TOWN O	r Location		104. INSIDE CITY LIMITS? 1 YES 2 X NO					
11. Marrial Status			101. ZIP CODE		ITIZEN OF WHAT COUNTRY?					
1127 Cumb	erstone Road		20776		U.S.A.					
3 X Widowed 4 Divorce	I IF VES GIVE WAR OR I	2 NO I	MAS DECEMBENT OF HISPANIC f yes, specify Cuban, Maxican, I YES 2 NO Specify:	CORIGIN? (Specify Yes or No— Puerto Rican, etc.)	- 14. RACE — American Indian, Black, White, atc. Specify: White					
(Specify only h	ENT'S EDUCATION (gheet grade completed) 2) College (1-4 or 6+)	16e. DECEDENT'S USUAL OF (Give kind of work done iffe. Do NOT use retired.)	during most of working Clerk		INESS/INDUSTRY					
1.2	Ma Last	Registar o		Anne Arui	ndel County					
	orris Cheston			Murray						
19a INFORMANT'S NAME (TVD		19b. MAILING ADDRESS		ute Number, City or Town, State, 2	Zip Code)					
Sally Wha	11	1127 Cui	mberstone F	load, Harwo	od, MD 20776					
20a METHOD OF DISPOSITIO	N 20	Ob. PLACE OF DISPOSITION (Na other place)	me of cemetery, crematory or	20c. LOCATION -	— City or Town, State					
4 Depation 5 D Other (S	4 Designation & Other (Resettly West River, MD									
Davila	Taylor Funeral Chapel 21401 147 Gloucester St., Annapolis, MD									
23. PART I. Enter the disc	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, about, or heart failure. List prily one cause on each line. Approximate interval Between									
	IMMEDIATE CAUSE (Final disease or condition Afterio sclerotic (Mainuascum Disease)									
A SAME LABOR DE MANDO	DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list condition if any, leading to immedia	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
Cause. Enter UNDERLYIN CAUSE (Disease or injury	CAUSE (Disease or injury									
Sequentially list condition if any, leading to immedicate. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	d	DUE TO (OR AS A CONSEQUENCE OF): d								
PART II. Other eignificant	conditions contributing to death	but not resulting in the ur	idarlying cause given in P		24b. WERE AUTOPSY FINDINGS					
	PERFORMED?									
				_	1 TES 2 NO					
25. WAS CASE REFERRED TO EXAMINER?										
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou 26s. DATE OF INJURY		aling Home 6 PResidence 6 26c. INJURY AT	Other (Specify) 28d. DESCRIBE HOW INJURY C	OCCURED					
	ending (Month, Day, Year)	INJURY M	WORK?	No ini	Ury					
3 Suicide 6 C	2 Accident investigation 3 Suicide 6 Could not be 26. PLACE OF INJURY — At home, farm, etreet, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, etreet, factory, office City or form, State)									
CONNECTION OF THE	YING PHYSICIAN: To the best of my kno									
296. SINGUATURE AND TITLE O	FOERTIFIER V	nn	29c. LICENSE NUMI		ATE SIGNED (Month, Day, Year)					
30 NAME AND ADDRESS OF	PERSON WHO COMPLETED CAMES OF D	DEATH (IXEM 27) (Type, Print)	7 OW MSV!	110 Road	Wat Rive					
31. DATE FILED (Month, Day, Ye	2 6 1990 Fuha Davi	INATURE door Rindell	/	11044	Md					
II UMIY	المستعدد الم	Marie La Comment								

Co Uni April

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wer was to be a few and

TO THE HOSPITAL OR ATTENDING PHYSICO THE FUNERAL DIRECTOR: After this car be filed within 72 hours after death with the MAPORTRANT. If I learn 28 is marked, a		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Juns after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate to filed within 72 hours after death with the State than 78 is marked, or item.	1	law requires that the	has been signed by the Dept. of Health and N	23 shows any in
TO THE HOSPITAL OR ATTENTO THE FUNERAL DIRECTOR: Se filed within 72 hours after MADORTANT: If Item 28.		DING PHYSICIAN: The	After this certificate I	s marked, or item
		TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR: be filed within 72 hours after	IMPORTANT: If Item 28 I

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MORIT) DON 1980 1990 Julia Davidson Ashdele

transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF !	MARYL				HEALTH AN	ID MEN	ITAL HYGIEI			
1. OECEOENT'S NAME (Firs	t, Middle, Last) TINE B	THNT						2. I	DATE OF DEATH	DAY 19	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM		5. SEX 1 M 2 F	22 - 12 - 12	in yrs. last birthda	MONTHS	YEAR DAYS	IF UNDER 24 H	IN.	Month, Day, Year)		8. BIRTN Countr	,,
9a. FACILITY NAME (If not I	natitution, give s	1	58			TOWN (OR LOCATION O		June 9		MTY OF D	ARYLAND
905 FORRES	TER RO						TON	, DEATH				UNDEL
RESIDENCE OF DE	10b. COUNT	Y		10c. 0	CITY, TOWN OF	LOCA	TION					10d. INSIDE CITY
MARYLAND	ANNE	ARUNDEL			CHURCH	TON						LIMITS?
10e. STREET AND NUMBER	1	•				10	f. ZIP CODE			10g. CIT	IZEN OF W	WHAT COUNTRY?
905 FORRES	TER RO						0733			U.S		
11. MARITAL STATUS 1 X Never Married 2 3 Widowed 4 Div		12. WAS DECEDEN FORCES?	YES	2XXNO	11	yes, sp	CENDENT OF NI Hecify Cuben, M. 2 X NO S	axican, Pu	RIGIN? (Specify Vierto Ricen, etc.)	e or No—	Speci	E — American Indian, k, White, etc. fly: BLACK
	CEDENT'S EDU			16a. DECEDENT	'S USUAL OC	CUPATI	ON of working		16b. KIND OF B	JSINESS/IN	DUSTRY	
Elementary/Secondary (-	College (1-4 or 5	+)	DOME:	of work done di use retired.) STIC	ang m	ot or working					
17. FATNER'S NAME (First, F JOHN							16. MOTNER		First, Middle, Meide OWN	n Sumame)		
19a. INFORMANT'S NAME (CATHERINE T		N							Number, City or To MARYLANI		,	
20g, METNOD OF DISPOSIT 1	ion 3 🗌 Rem	noval from State	20b	LAKEMO	T MEM	. G	ARDENS		ים	OCATION —	ONVTI	LE MD
21. SIONATURE OF FUNER.	AL SERVICE LI	Rese.	I						×821 WES			NAPOLIS MD.
23. PART I. Enter the cahock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death)	heart fallure.	Complications the	et caused use on e	ach lina.					cardiac or ree		reat,	Approximata interval Between Onset and Death
Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	ediata /ING ury	c		CONSEQUENCE	THM/	9						
PART II. Other algnific	ant condition	na contributing to	death b	ut not resultin	g in the und	ieriyin	g cause give	n in Part	0.000	N AUTOPSY PRMED?	24b	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF DEATI	H (Check o	nly one)	_		
EXAMINER?		HOSPITAL:	☐ ER/Outp	patient 3 2 DOA	OTHER 4 Nursi	:	ne 5 X Raalde					
	Pending Investigation	28a. DATE Of (Month, i	F INJURY Day, Year)		IME OF	W	JURY AT ORK? YES 2 NO	S. 1977	I. DESCRIBE HOW	INJURY OC	CUREO	
2 Accident 3 Suicide 6 4 Homicide	Could not be detarmined	28a. PLACE (building	OF INJURY , etc. (Spec	— At home, farr	n, street, facto	ry, ottle	00	281	LOCATION (Stree City or Yown, State		r or Rural I	Soute Number,
41		ICIAN: To the best of										n) and manner as stated.
29b. SIGNATURE AND TITL		-	6	11	MO		29c. LICENSE			_		(Month, Day Near)
30. NAME AND ADDRESS	SHA	O COMPLETED CY		ATH (ITEM 27) (7)	pe, Print) SHAO	143	ine		nd	20	76	4

DHMH-18 Rev 1/89

ENDER STREET

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	Carl J. Bl	edsoe	3						_01- 25		90	М
	4. SOCIAL SECURITY NUMBER	BEA	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1 Y	EAR AYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
ĺ	227-24-6	307	1 X M 2 F	66	YRS.	MONTHS	WI S	HOURS MIR.	10-05-2	3	Ros	e Hill, VA
_	9a. FACILITY NAME (If not in	natitution, give a	treet and number)	-		9b. CITY, TO	OWN C	R LOCATION OF DE	ATH	9c. COU	NTY OF D	DEATH
6	RESIDENCE OF DEC	urt				Anna	nc	lis		Anne	e Ar	undel
S	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OR I	-					10d. INSIDE CITY
DIRECTOR	MD	Anne	Arunde	el				Anna	apolis			LIMITS? 5/CYES 2 NO
	MD 100. STREET AND NUMBER						101	. ZIP CODE		10g. CIT	IZEN OF 1	WHAT COUNTRY?
FUNERAL	16 Oak Cou	ırt						21401		US	S A	
5	11. MARITAL STATUS		12. WAS DECEDED	NT EVER IN U.S. A	RMED				IIC ORIGIN? (Specify Year, Puerto Ricer, etc.)	or No-		E — American Indian, k, White, etc.
BY	1 Never Married 25	_	IF YES, GIVE	WAR OR DATES				2 NO Specify			Spec	
		EDENT'S EDU	CATION	140.0	FORDENTIA	1101111 0001	IDATIC		Tana water as at			WILLEE
	(Specify onl	ly highest grade	completed)		Give kind of the Do NOT us	USUAL OCCU work done duri se retired.)	ing mo	st of working	16b. KIND OF BU	SINESS/IN	DUSTRY	100
COMPLET	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)		tric			State	of	Mar	vland
ĕ	17. FATHER'S NAME (First, M	fiddle, Last)		1 1 7	DIIIC	CLIC			ME (First, Middle, Melden		Mal	yzana
Ŭ W	Everett	Bleds	oe Sr.					Ora Wa	lton			
0 0	19a. INFORMANT'S NAME (1	9b. MAILING	ADDRESS (S	itreet a		Route Number, City or Tox	n, State, Zi	p Code)	
F	Wilma H	Bledso	oe		16 0	ak Co	ur	t, Anna	apolis, l	D		
	20e. METHOD OF DISPOSIT		oval from State	20b. PLACI	E OF DISPO	SITION (Name	of cen	netery, crematory or		CATION —		TOTAL PROPERTY.
	4 Donation 5 Other	r (Specify)	210 No. 21225	Mary	land			ns Ceme		cown	svi	lle, MD
	21. SIGNATURE OF FUNERA	L SERVICE LIC	A-1-	. ()		Har	de:	Sty Fun	eral Hom	e P.	Α.	
	1	d.	MIK	7.					Ave. Ann			MD
	23. PART I. Enter the d	liseases, or o	complications th	t caused the d	laath. Do	not enter th	a mo	da of dylng, auci	h aa cardiac or reep	iratory as	reat,	Approximate interval Between
i	IMMEDIATE CAUSE (FI		List only one of		·ci·			~	- M			Onset and Death
ĺ	disease or condition resulting in death)	\rightarrow	· Met	astal	7'c-	No	~	Small	2 Cell	-an		
			1 .	OR AS A CONS	1 ,	F):						
S S	Sequentially list condit		D	O (OR AS A CONSI		tase	6					
Ę I	if eny, laeding to imme ceuse. Enter UNDERLY	ING	RY	- hun		Ca						
RTIFICATION	CAUSE (Disease or Injuthat initiated events		OUE TO	OR AS A CONS		F):						
	resulting in deeth) LAS	T.	d									
CE	PART II. Other eignifice	ent condition	a contributing to	deeth but not	reculting	in the unde	rtvin	ceuse given in	Part i. 24s. WAS AF	AUTOPSY	248	. WERE AUTOPSY FINDINGS
DICAL									PERFO	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
ш									1 TYES	2 X NO		OF DEATH?
Σ.						_			_			1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED 1	TO MEDICAL					26. PI	ACE OF DEATH (Ch	eck only one)			
	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	g Hom	e 5 Residence	6 Other (Specify)			
	27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	28b. TIA	E OF 20		URY AT	28d. DESCRIBE HOW	INJURY O	CUREO	
BY	1 Natural 5 2 Accident	Pending Investigation		,,,		М		YES 2 NO				
	3 Suicide 6	Could not be		OF INJURY — At I	nome, farm,	street, factory	, offic	•	281. LOCATION (Street City or Town, State	and Numbe	or Aurai	Route Number,
	4 Homicide	determined										
ਵ	enal ciny								to the cause(a) and ma			
COMPLET	2 MEC	DICAL EXAMINE	R: On the basis of	examination and/o	r Investigati	on, in my opir	nlon, d	leath occured at the	time, data and piece, a	nd due to t	the cause(n) and manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	7	w.c	\			29c. LICENSE NUM	MBER	29d, DA	. /	D (Month, Day, Year)
0	30. NAME AND ADDRESS O	E BEDSON MIL	O COMPLETED O	114	J	Phylonett		0361	17			25/90
	Emile A	D) mes	00.0	USE OF DEATH (IT	CS (NO	(rnm)	B	ha cr	lson-Andell	12 8	2111	24
	31. DATE FILED (Month, Day,			AR'S SIGNATURE	-		-	-	-			,
	,				IANI S	6 190	n	Lulia Sain	In Randell			
					THIA 6	VIJ	<u> </u>	4	1000			

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	3	G)
-	-	1	
VITAL RECORDS, F.O. BOX 13146, BALLIMONE, MARTLAND 21203-3146	AN: The law requires that the death certificate be executed with ure after death. Page 6 may be retained by the hospital or attending physician.	inficate has been stoned by the attending physician and completely lived in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1 % 3 should be State Deor, of Health and Mental Hydrere prior to burial, cremation, or remoral.	are them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
, L	he death	the atten	njury, o
טרטי	res that th	ealth and	rs any li
חבר.	aw requir	s been si	3 show
IAL	The la	State De	item 2
>	A	Tiff e	-

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				HYGIENE REG. NO.)	0 03232
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH
William P. Bo	utselis				Jan.	21	1990	7:00 PM M
4. SOCIAL SECURITY NUMBER 069-32-7260	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Montil, E		8. BIRTH Countr	PLACE (State or Foreign y) FPECE
9a. FACILITY NAME (If not institution, give st	reet and number)	9b.	CITY, TOWN	R LOCATION OF DE	ATH	9c. C	OUNTY OF D	
Holy Cross Ho	15p1tal	5	ilver	-Spri	ng	6	11.5,	A.
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. C(TY, TO	WN OR LOCAT	ION	0			10d. INSIDE CITY
MO MOI	ntgomer	V Silu	ier :	SPrins	9		3	LIMITS?
10e. STREET AND NUMBER			101	. ZIP CODE		10g. (CITIZEN OF V	WHAT COUNTRY?
2101 Walsh View				20902	-		US A	+
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 DNO	If yes, sp	ecify Cuben, Maxical NO Specify	n, Puerto Ric		- 14. RACE Black Speci	White
15. DECEDENT'S EDUC	ATION	16a, OECEDENT'S USU	IAL OCCUPATION	DN	16b. K	IND OF BUSINESS	INDUSTRY	WILL CO
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mo tired.)	st of working				100
1/8		Waiter			R	estaura	nt	
17. FATHER'S NAME (First, Middle, Last)						dia, Maiden Sumam		
Petros Boutselis						Xanthako		
Lucy Boutselis				nd Number or Rural I				M4 20002
20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITIO			ice s	20c. LOCATION		Md. 20902 wm, Stata
1 Burial 2 Cremation 3 Ramo	val from Stata	other place) Gate	of He	eaven		Silver	r Spri	ng,Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FA				
> (lack	=>11/11	en)		s/Rinaldi New Ham				
ahock, or haart failure. In IMMEDIATE CAUSE (Finat disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS COAGUL	A CONSEQUENCE OF): A CONSEQUENCE OF): REPASS A CONSEQUENCE OF):	Y+13 TH	PHAL NEMOL OFACI	-OP, BRHF	ATH FOIC INEUR	y SHX 2 YSH	Interval Between Onset and Death SOAVS
	1. 1/4 1/00	10 00	2 4 1 6	71/				
PART II. Other algoliticant condition					Part I. 2	44. WAS AN AUTOP PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)			
1 TES 2 NO	HOSPITAL:	tpetient 3 DOA 4		ne 5 🗆 Residence	8 🗆 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		W	URY AT ORK? YES 2 NO	28d. DESCI	RIBE HOW INJURY	OCCURED	
3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp	RY — At home, farm, stree ecfly)	et, factory, offic	•	28f. LOCAT City or	ION (Street and Nur Town, State)	mber or Flural i	Route Number,
and and	CIAN: To the best of my kno							a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIF	eremeti	40		29c. LICENSE NUI	MBER	29d.	DATE SIGNED	1 (Morth, Day, Year) 22, 90
MICHAELG	O COMPLETED CAUSE OF O	ETIS MI	7-39	2/FEP	RAP	ADR	-SILV	ER SPRING
31. DATE FILED (Morth, Day, Year) 1. 22-90 JAN	24 '90	Julia Davids	on-Rand	ell.				MP 2040 6
								DHMH-18 Rev 1/89



	FOR STATE REGIST
	1. DECEDENT
ı	He
ľ	4. SOCIAL SEC
	215-
I	9a. FACILITY I
	Shad
I	RESIDENC
ı	10a. STATE
ľ	Maryl
	10e. STREET A
	1150
l	11. MARITAL S
I	1 Never Ma

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	10.		
	1. DECEDENT'S NAME (First, Middle, Last)	Da-1.				2. DATE OF DEATH	DAY	YEAR 1	TIME OF DEATH
	Helen B	Brady				01	15	901	426 P 11
	11 1000	S. SEX 6. AGE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-28	Country)	ACE (State or Foreign yland
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN O	R LOCATION OF DE	EATH	9c. COU	INTY OF DEAT	
Dilling of the	Shady Grove Ad	ventist H	ospital	Rock	ville		m	onto	onely
	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ON			10	Dd. INSIDE CITY
		tgomery		Germa			_		YES 2 NO
	100. STREET AND NUMBER 11508 Summer Of	ak Drive		-	20874				States
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IZ. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, spe	ENDENT OF HISPAI city Cuban, Mexica 2 NO Specifi	NIC ORIGIN? (Specify in, Puerto Rican, atc.) y:	Yea or No-	Black, V	American Indian, White, atc. White
3	15. DECEDENT'S EDUCA (Specify only highest grade or	TION empleted)	16a. DECEDENT'S U	JSUAL OCCUPATIO	N t of working	16b. KIND OF	BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	retired.)	o Horning	Edu	catio	22	
	12 17. FATHER'S NAME (First, Middle, Last)		Secr	etary		ME (First, Middle, Mald		J11	
	Charles Lest	er Brewer				en J. Ma		ofer	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street ar		Route Number, City or	-		20874
2	John C. Brady					Orive G			
	20s. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSI	TION (Name of cert	etery, cremetory or	20c.	LOCATION -	City or Town	, State
1	1 Denation 6 Other (Specify)	M M	etropoli	tan Cr	ematory	/ Al	exan	dria,	Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICE			TO E	ast Dee	er Park	Driv	eral e 208	
	23. PART I. Enter the diseases, Dr CD	malications that cause	nd the death. Do no						Approximate
	shock, or heart feliure. Li IMMEDIATE CAUSE (Final disesse or condition resulting in death)	st only one cause on	A CONSEQUENCE OF	199	ce				Interval Between Onset and Daeth
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
	d.								1
The state of the s	PART II. Other algoliticant conditions	contributing to death	but not resulting is	n the underlying	cause given in	PER	AN AUTOPSY FORMED?	A C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
ni Sicion.									
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Ch	neck only one)			
5		Inpetient 2 ER/Ou	tpetlent 3 DOA		6 - Residence	6 Other (Specify)			
	27. MANNER OF DEATH Astural 5 Pending Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ URY WO	RK?	28d. DESCRIBE HO	W INJURY O	CCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUF building, atc. (Sp	RY — At home, farm, s ecify)	treet, factory, office		281. LOCATION (Str. City or Town, St		er or Rural Rou	ite Number,
Come Ection	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICI CONTROL OF THE CONTROL OF TH	AN: To the best of my kno							and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	M-0.	KMO	Nes	29c LICENSE NU	2978	29d. DA	TE SIGNED (A	donth, Day, Year)
4	30. NAME AND ADDRESS OF PERSON WHO	ctors o	drive,	Print	rant	own, Mi	2	08	74,
	31. DATE FILED (Month, Dey, Year) JAN 18'90	32. REDISTRAP'S SIG	Davidson-Ra	ndell					

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6,	within	
1314	executed	
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o'	pea	
9.	death	
S	the	
2	that	
ECC.	requires	
	ME	
⋖	星	
OF VI	PHYSICIAN:	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	
5	R	
	SPITAL	

	1. DECEDENT'S NAME (First, Middle, Last)	Burnett	n - Anne B		2. DATE OF DEATH DON'TH D	AY 1990	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-74-3236	5. SEX 6. AGE (In yrs. I	YRS. MONTHS	DAYS HOURS MIN.		1959 Wa	RTHPLACE (State or Foreign suntry) shington, D
TOR	90. FACILITY NAME (If not institution, give Shady Grove A RESIDENCE OF DECEDENT	1 1 1 1	-1	CKVILLE	EATH	Mont	gomery
DIRECTOR		tgomery	10c. CITY, TOWN OF Kensin	gton			10d. INSIDE CITY LIMITS? 1 YES 2 HO
FUNERAL	5113 Strathmore			1	0895	Unite	d States
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES	Хио н	AS DECENDENT OF HISPA yes, specify Cuban, Mexic TYES 2 NO Speci	an, Puerto Rican, etc.)	8	ACE — American Indian, Nack, White, etc. Specify: White
ETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	college (1-4 or 5+)	DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.)	CUPATION orling most of working Technician		simess/industriction C	Υ
BE COMPL	17. FATHER'S HAME (First, Middle, Lest) John E. Talbert			16. MOTHER'S NA Margar	ame (First, Middle, Maiden et Kelly	Sumame)	
101	John E. Talbert 20a. METHOD OF DISPOSITION			(Street and Number or Rural hmore Avenu	COLOR SILVE		
	4 Donation 8 Other (Specify)	B. Elas MOI	Ra 0827 93 death. Do not enter t	ame and address of Fo pp Funeral 3 Gist Aver	Services, nue, Silver	P. A. Spring	ming, Maryla , MD 20910
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO JOH AND A CONS	DE TOVY	Ar	rest		
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition	B. DUE TO JOH AS A CONS DUE TO JOH AS A CONS DUE TO JOHAS A CONS DUE TO JOHAS A CONS d.	end In	Ar mune o tis P penia	rest leficiend necisión	y Siza nia	
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO LOUIS A COME DUE TO LOUIS AS A COME DUE TO LO	LEQUENCE OF:	Ar pourue of His P Deula Terlying cause given in Addic	Ceficience Mecrayon 1 Part I. 24a. WAS AI PERFO 1 1 YES	RMED?	24b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
IYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO LOW AS A COMS DUE TO LOW AS A COMS	TO DOA 4 Nursi	26. PLACE OF DEATH (Co. ing Home 5 Residence 28c. IHJURY AT	PERFO 1 YES	RMED? 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other aignificant conditions are conditions.	DUE TO COM AS A COME DUE TO COME AS A COME DUE TO COME AS A COME AS A COME DUE TO COME AS A COME AS A COME DUE TO COME AS A COME AS A COME DUE TO COME AS	TO DOA 4 Nursi 28b, TIME OF HJURY	28. PLACE OF GEATH (C	PERFO 1 YES: heck only one) e Other (Specify)	RMED? 2 NO IHJURY OCCUREI	Onset and D 24b. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO

32. REGISTMAN'S SIGNATURE

JAN 23 '90

OHMH-t8 Rev 1/89

DHMH-16 Rev t/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hos	ours after death. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	d in by the funeral director, page 5 should be detach
be filed within 72 hours after death with the State Dept. of Hearth and Mental hygiene prior to burial, crematoni, or removal.	or remova.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

5

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) Helen Hoffa	Brashears				2. DATE OF DEATH	ř 4	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 213 - 38 - 0399	1 □ M 2 \(\overline{F}\) 8	MON	INDER t YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY 24, 1	T.	BIRTHPLACE (State or Foreigh Country) Aryland	
TOR	9a. FACILITY NAME (If not institution, give Greater Laurel-E			city, town o Laurel	R LOCATION OF DEA	ТН	Princ	e George	
DIRECTOR	10a. STATE 10b. COUNT	ce George	10c. CITY, TO Adel	wn or locati	ON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 10124 Riggs Road	l			ZIP CODE 20783		0.0	S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECI	city Cuban, Maxican,	ORIGIN? (Specify Yes Puarto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mot red.)		16b. KIND OF BUS	SINESS/INDUS		
	12 17. FATHER'S NAME (First, Middle, Last) Arthur P. Ho	8	educi	tior		P.G. COI			
TO BE	190. INFORMANT'S NAME (Type/Print) Mrs. Violet Malco				nd Number or Rural Ro	ute Number, City or Town			
	20a. METHOD OF DISPOSITION 1	noval from Stala	PLACE OF DISPOSITIO other place) tro Crema	tory I	ic.	Cat		or Town, Stata Le, Md.	
	21. SIGNATURE OF FUNERAL ENVIOLELY	Kan-		Donald		ral Home nd 2070			
	23. PART I. Enter the dispasse, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one ceuse pn ee a	ch line.					Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
¥	PART II. Other algorificent condition	na contributing to death be	ut not resulting in th	e underlying	cause given in P	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 14-NO	
CIAN: R	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chec	ek only one)			
PHYSICIAN: MEDIC	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending	1 ☑ Inpatient 2 ☐ ER/Outpi		26c. INJ	RK?	Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCUP	RED	
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY building, stc. (Spec	— Al home, farm, stree	t, lactory, office		26f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,	
COMPLETED	contain only	SICIAN: To the best of my knowl						and the second s	
BE	29% BIGMATURE AND TITLE OF CERTIFIE	m.)			29c. LICENSE NUME	733	29d. DATE S	IGNED (Month, Day, Year) - 8-90	
0		ince miD.	14201	Lav	rel Pa	ik Dr. #	F 22	3 Laurel mi)	
	31. DATE FILED (Mornin, Day, Year) 90	32. REGISTIRAN'S SIGNA	ature Mande	82				2.0707	

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146	TO THE MOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the nown after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF			YGIENE EG. NO.					
	1. DECEDENT'S NAME (First, Middle, LI BERNICE ELIZ	ABETH BUSCHMA	N			2. DATE OF C	DEATH DAY 1	*50	3. TIME OF DEATH 9:45 PM			
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, Os	HRTH	Countr				
	214122406 9a. FACILITY NAME (If not institution, gi	1 M 2 F	69 YRS.	9h CITY TOWN	OR LOCATION OF D			Ma.	ryland			
OR	St. Agnes Hos	pital			Baltimore, Maryland							
DIRECTOR	RESIDENCE OF DECEDENT		10c. CIT	TY, TOWN OR LOCA	TION				10d. INSIDE CITY			
DIR	Md.		Be	altimore				LIMITS?				
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WI											
NEF	51 S. Fulto			150	21223			USA				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 WW Widowed 4 Divorced	N U.S. ARMED S 2 K NO DATES	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico B 2 NO Specific	en, Puerto Ricen	pecify Yea or No— i, atc.)	14. RACI Sleci Spec	E — American Indien, c, White, stc.				
TED	15. DECEDENT'S (Specify only highest g		16a. DECEDENT'S (Give kind of	S USUAL OCCUPAT work done during n	ON ost of working	16b. KIN	O OF BUSINESS/II	NDUSTRY				
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)		ity Cont		Med	Cormick	Spice	Co.			
OM	17. FATHER'S NAME (First, Middle, Last)				_		s, Meiden Sumeme)					
BE C	Harry Sch	wartz		Marga	aret S	pringfi	eld					
TO B	190. INFORMANT'S NAME (Type/Print)		A CONTRACTOR OF THE PARTY OF TH		and Number or Rural	Route Number, C	ity or Town, State, 2	Zip Code)				
-	Margarite E. S				olden Oak Drive, Laurel, Md. 20708							
	20e, METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 4 Donation 5 Other (Specifi)	Gemoval from State	other place)				20c. LOCATION					
	21. SIGNATURE OF FUNDERAL SERVICE	LICENSEE	Loudon I	22. NAME /	ND AODRESS OF FA	CILITY	Baltimo		aryland			
	23. PART I. Enter the diseases.	16/		Elk	y L. Kaui ridge, Ma	ryland	21227					
NO	ahock, or Meart fellura. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition as MASSIVE PULMONARY THROMBOEMBOLUS Due to (or as a consequence of): Sequentially liet conditions,											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant condi	ng cause given in	In Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 [X] YES 2 NO			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICA	4		26.	PLACE OF DEATH (C	back only one)						
SIC	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☑ ER/O	utpatient 3 DOA	OTHER:	me 5 🗆 Residence		unc/fv)					
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Year	Y 26b. TII	ME OF 28c. II	JURY AT ORK?		BE HOW INJURY O	CCURED				
ВУ	1 to Netural 5 Pending Investiget	lon		M 1	YES 2 NO							
03	3 Suicide 6 Could not	building, etc. (S	RY — At home, farm, pecify)	street, factory, off	ce	ON (Street end Number or Rural Route Number, Town, State)						
COMPLET	200)	HYSICIAN: To the best of my kn MINER: On the basis of examina							a) and manner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERT	IFIER	^		29c. LICENSE NU	MSER			(Month, Day, Year)			
TO B									anuary 12, 1990			
	Steven H. Pear	rlman, M.D.,	900 Caton	Avenue	, Baltimo	ore, Ma	ryland a	21229				
	Steven H. Pearlman, M.D., 900 Caton Avenue, Baltimore, Maryland 21229 31. DATE FILED (Month, Day, 1967) 90 32. REGISTION: SIGNATURE JAN 16 90 32. REGISTION: SIGNATURE JAN 16 90											

BENEVA TOVICE PLANT

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Brencht Blot

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permit. Pages 1, 2, 3 should

SECOSTS ON A LYDRY HAND SECOND TO SECOND SEC	in 21 hours a	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for unamental by filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rent, the medical examiner must be notified at once.
P O BOX 1314	e death certificate be executed	he attending physician and con Mental Hygiene prior to burial,	jury, or other traumatic en
DIVISION OF VITAL RECORDS B O BOX 13146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
(3)	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTM			MENTAL HYGIE			0023	
	1. DECEDENT'S NAME (FIST, MIDDIO, LOST) LOLA BIRNE	TT				2. DATE OF DEATH MONTH	DAY O'E		TIME OF DEATH P	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign	
	277-46-0895-A 1	M 2 F 86	YRS. MON		HOURS MIN.				hland, VA	
TOR	SOUTHERN MARYL			LINT	ON				SURGES	
ERAL DIRECTOR	Maryland Prince	Georges		wn or locati nton	ON			- 12	d. INSIDE CITY LIMITS? Y YES 2 NO	
A	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	10g. CITIZEN OF WHAT COUNTRY?		
E	11713 Mordente Dr	11713 Mordente Drive					USA	USA		
F	11. MARITAL STATUS 12. 1 Never Merried 2 Married	. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2. IF YES, GIVE WAR OR DATES	. ARMED		NDENT OF HISPAN	fee or No- 14.	RACE — Black, W	American Indian, hite, etc.		
6	3 Widowed 4 Divorced	X	1 ☐ YES 2 NO Specify:							
	م الله الله الله الله الله الله الله الل	ON 16s	. DECEDENT'S USU	AL OCCUPATIO	N	16h KIND OF 8	USINESS/INDUST	RY	Black	
COMPLETED	(Specify only highest grade com	done during mos ired.)	t of working		OSINESSANISOS	***				
립	8th	ollege (1-4 or 5+)	Housew	ife		N/A				
S S	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Middle, Meld	en Surname)						
BEC	George Martin	Lau	ra_Cooper							
TO B	19a. INFORMANT'S NAME (Type/Print)		Route Number, City or T	own, State, Zip Cod	D)					
F	Mrs Alfreda R. McAd	ams	11713 M	ordente	Drive:	Clinton,	Md. 20	735		
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 K Removal	from State 20b. PL/	ACE OF DISPOSITIO	N (Name of cem	etery, crematory or					
	4 Donation 5 Other (Specify)		aly Fune				oochland	1, V	Α	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE / 1	0		D ADDRESS OF FA					
	J.P. Ma	ishall		Marsi 4217	1all S Fi	uneral Ho	ne noton [). C.	20011	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.								Approximete interval Between	
	IMMEDIATE CAUSE (Final									
	disease or condition resulting in death) a. SEPTICEMIA								DAYS.	
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. ACUTE CHOLECYSTITIS AND CHOLELITHIASIS DUE TO (OR AS A CONSEQUENCE OF):								DAYS.	
CA	CAUSE (Disease or injury	Se. Enter UNDERLYING RECURRENT URINARY TRACT INFECTIONS.							DAYS.	
#	that initiated events resulting in death) LAST	DUE TO (OR AS A CO		E mo D:	MELLITUS DAYS.					
CE		MULTI-ORGA					METTT	US	DAYS.	
AL	PART II. Other significant conditions co					PERF	AN AUTOPSY ORMED?		ERE AUTOPSY FINDINGS AILABLE PRIOR TO	
8	ATHEROSCLEROTIC								MPLETION OF CAUSE DEATH?	
ME	ERIOR SEPTAL FI						E	1 [YES 2 NO	
ä	DISEASE WITH BI	LATERAL B.	K.AMPUI	ATION	S.STRO	KES.				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	on	26. PL	ACE OF DEATH (Ch	eck only one)				
YS		Inpetient 2 ER/Outpetler	1 3 DOA 4	Nursing Home		6 Other (Specify)				
	27. MANNER OF DEATH 1 V Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WOI	RK?	28d. DESCRIBE HOY	V INJURY OCCURE	:D		
BY	2 Accident Investigation	284. PLACE OF INJURY A	I home form street	M 1 Y		281. LOCATION (Street	et and Abrehov as E	and David	a Alexandrea	
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Specify)	t north, tellin, acree	t, lactory, office	7.11	City or Town, Sta	te)	uras mous	e Number,	
1	290, CERTIFIER 1 CERTIFYING PHYSICIAN	Y: To the best of my knowledge	e, death occurred at	the time date	and place, and due	to the causals) and a	helpte se sented			
MC	onel	on the basis of examination and						use(a) ar	nd manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d, DATE SK	NED (M	onth, Day, Year)	
BE	Defer weter	s man			D 1288				1990	
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH		*					4,790	
	PETER W.YIM M.D.			AVE.C	LINTON	,MARYLAN	D 2073	5		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR Julia Davidson-R	RE JADO							
	JAN 25 '90	Gulia Davidson-19	MINUME							

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zx rours after death. Page 6 may be retained by the hospital or attending progression.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it is been as	OULTS	le marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146,

BOX 13146,

DIVISION OF VITAL RECORDS, P.O.

THE HOSPITAL

9

1610

JAN 25 '90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) June, Print)

Wairoll

16. Koma

32. REGISTRAR'S SIGNATURE Savidson-Randale

Pages 1, 2, 3 should

recto		Ē
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	je.	APORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mu
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filled	on, c	10
mpletely	if fled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	event, ti
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 . CERTIFICATE OF DEATH REG NO 1. OECEOENT'S NAME (First, Middle, Last) JOSEPH 2. DATE OF DEATH 3. TIME OF DEATH BROWN Brown Joe 1555 PM 18 90 A SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAYS HOURS a47 1 X M 2 - F 20 5381 75 8/28/ South Carolina 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH Bc. COUNTY OF DEATH Washington Advantist Hospital Takoma Park Montgomery DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Takoma Park TY YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP COOE 10g, CITIZEN OF WHAT COUNTRY? 20912 26 Lee Avenue, Apt. 101 United States 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR OATES 2 NO If yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 1 Never Married 2 X Married 1 YES 2 XNO Specify: Specify: BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KING OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) 6th grade Construction Worker Construction 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Addie Brown Frederick BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Beulah Lee Murray Brown (wife) 26 Lee Avenue, Apt. 101; Takoma Park, Maryland 20912 20b. PLACE OF DISPOSITION (Name of cemetery, crematory Cemeter) METHOD OF DISPOSITION 20c. LOCATION — City or Town, State Baptist Church Reeseville, South Carolina MINE OF FUNDAL SE 22. NAME AND ADDRESS OF FACILITY Latney's Funeral Home 3831 Georgia Avenue, N.W.; Wash.D. C. 20011 23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause pn each line. Approximats Interval Between Onset and Death IMMEDIATE CAUSE (Final disesse pr condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF) stem Liennia CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 NO Inpatient 2 ER/Outpatient 3 DOA te 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 25e DATE OF INDIRV 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined ED 4 Homicide H COMPL 1 W CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 296. SIGNATURE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE Attending Sit

OHMH-1S Rev 1/89

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	FOR	STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	FAITH	AND I	MENTAL HYGII	:NE)	0 03299
	1 - STATE REGISTRAR				ICATE				REG. I			
	1. DECEDENT'S NAME (First, Middle, La	st)							2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	ROBER 4. SOCIAL SECURITY NUMBER	T 0	6. AGE (In yrs. les	A feliab de d	BIL				February 1, 1990 11:42 A.			
		1 X M 2 F	6. AGE (III YIS. IIIS	YRS.	IF UNDER 1	DAYS	IF UNDER	MIN.	(Month, Day, Year) Cour			e.
	218-16-4607 9a. FACILITY NAME (If not institution, gi		00		May 16,1923 West Vi					st Virginia		
H			1.0					011 01 00				
ЕСТОВ	Memorial Hospita		L Cente				land			I A	lega	ny
E E	100. COU				Y, TOWN OF		ION					10d. INSIDE CITY
L	West Va Mi	<u>neral</u>		F.	t. As		. ZIP COD	-		406		1 V YES 2 NO
E.						101				1.00		WHAI COUNTRY?
BÝ FUNER	HCR-1, Box 119	12. WAS DECEDER	IT EVER IN U.S. AR	MED	13. W	MS OEC	2671	F HISPAN	HC ORIGIN? (Specify	Yes or No-	JSA 14. BAC	E — American Indian,
느	1 Never Married 2 X Married 3 Widowed 4 Olvorced	FORCES?	YES 2 1	10	lf 1	yes, sp	2 X NO	n, Mexica Specify	n, Puerto Ricen, atc.)		Spe	ck, White, etc.
		KOrea		WW000 -15								White
HE	15. DECEDENT'S I (Specify only highest g	ade completed)	(G	ive kind of Do NOT u	work done di se retired.)	uring mo	ON at of working	ng	16b. KIND OF	BUSINESS/	INDUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 8	+)		/Opera				Nurs	ing F	loma	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			WIICI /	орст	u 001		HER'S NA	ME (First, Middle, Mai			
BE C	Unknown						Ir	rene	Billmyre			
TO B	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street a			Route Number, City or	Town, State,	Zip Code)	
-	Mary Evelyn Bi	llmyre				_			. Ashby.			
	20s. METHOD OF DISPOSITION 1											
	4 Donation 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- Ft.	Ash	by Ce	met	ery ND ADDRE	SS OF FA	CILITY	t. A	shby.	WV
	N. 50	7 ,	4						neral Hom	e, I	nc.	
	23. PART I. Enter the diseasea,	Lacheric	W.	oth Do	Р	0.	Box	1260	-Ft.Ashby	. WV	267	
	ahock, or heart fallu	re. List only one ca	use on each line	iatri. Do	not antar i	the mo	de or dy	ing, auc	n as cardiac or re	apiratory	arreat,	Approximate Interval Between Onset and Death
	disease or condition (on din Vocinia Maria Herral)									Onset and Death		
	resulting in death)	DUE TO TOR AS A CONSEQUENCE OF):										
Z	Sequentially liet conditions to Vericondial Piers											
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
FIC	CAUSE (Disease or Injury that Initiated events	c. DUE TO	OR AS A CONSE	OUENCE O	OF):	~	1	e U V	or nay			
CERTIFICATION	resulting in death) LAST	4										
CE	PART II. Other algnificant condi	Hone contribution to	death but not		In the uni	el - rels alors		mbuum ta	Part I. 24s. WAS			
CAL	PART II. Other aigniticant condi	tona Contributing to	death but not i	resulting	in tha und	deriyin	g cause	given in	PER	FORMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL									1 _ YE	20 NO		OF DEATH?
			···						-			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?					26. PI	LACE OF E	EATH (Ch	eck only one)			
SIC	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER		10 5 🗆 R	sidence	6 Other (Specify)			
ЬН	27. MANNER OF DEATH 1 Netural 8 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TH	JURY		PRK?		28d. DESCRIBE HO	W INJURY	OCCUREO	
B	2 Accident Investigati		OF IN HIPM AAA		М		YES 2 [NO				
ED	3 Suicide 6 Could not 4 Homicide determine	be building	OF INJURY — At he , etc. (Specify)	ome, mrm,	street, racto	огу, оппс			281. LOCATION (Str City or Town, S		iber or Hum	Houte Number,
COMPLETED	29a, CERTIFIER	10001011 T- 11- 11- 11- 11- 11- 11- 11- 11- 11										
MP	Torridon orally	HYSICIAN: To the best of										(s) and menner as stated.
	29b. SIGNATURE AND TETLE OF CENT	_										
BE		mm		MD 233				2 2 12				
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Typ	e, Print)		2		,		1	1-
	Dr. Q. Zaman, M	emorial Ho	ospital 1	Medi	cal B	uilo	ding.	_ Cur	mberland,	MD 2	21502	
	31 DATE FILED (Mooth Day Year)	32 MEGISTR	AR'S GENATURE									
	FEB 05 1990	1	a frainces									

item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or

								9	0 03300			
	FOR STATE REGISTRAR	STATE OF MARYLAND /			HEALTH AND	MENTA	HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	V VI	3. TIME OF DEATH			
	WILSON L.	BARCLAY				0		90	22:10pm M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les		UNDER 1 YEA	7	7. DATE	OF BIRTH	6.	BIRTHPLACE (State or Foreign			
	216-05-5833	1 x M 2 □ F 81	YRS.	ONTHS DAY	'S HOURS MIN	3-7-	1908		Md			
	9a. FACILITY NAME (If not institution, give str	eet and number)	91	b. CITY, TOW	VN OR LOCATION OF	DEATH		9c. COUNTY	OF DEATH			
DIRECTOR	SACRED HEART HOS	PITAL		Cı	umberla m	d		ALLE	GANY			
Ä	10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LO	CATION				10d. INSIDE CITY LIMITS?			
<u>a</u>	Md Alle	ganv	Lonaco	oning					1 X YES 2 NO			
A	104. STREET AND NUMBER				101, ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	B8 W. Main St.				215	39		Ţ	JSA			
3	11. MARITAL STATUS	MED		DECENDENT OF HIS			or No- 14.	RACE — American Indian, Black, White, etc.				
	1 Never Married 2 Married	FORCES? 1 YES 2 1	40		yes 2 NO Sp		Rican, etc.)		Specific			
В	3 Widowed 4 Divorced					,-			White			
8	15. DECEDENT'S EDUC (Specify only highest grade	ATION 18a. DE	CEOENT'S US	UAL OCCUP	ATION most of working	18	b. KIND OF BUS	SINESS/INDUS	TRY			
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5 +)	. Do NOT use re	etired.)	Those or working		Don	E				
API.	12	2 For	rest a	nd Pa	rks	Nati	ral R	source	es			
COMPLETED	. 17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First,	Middle, Maiden	Sumame)				
BE	Charles B	arclay			В	essie		Reiber				
	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING AD	DRESS (Stre	set and Number or Ru	ral Route Nun	nber, City or Yow	n, State, Zip Co	de)			
2	Estella M. Barc	lav	38 W. I	Main	St, Lonac	oning	,Md. 2	21539				
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremetton 3 Remo	20b. PLACE other pl	OF DISPOSITI	ION (Name of	f cemetery, cremetory	or	20c. LO	CATION — City	or Town, Stata			
	4 Donation 5 Other (Specify)		stburg	Mem.	.Park		Fre	ostbur	g, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22, NAME	e AND ADDRESS OF chhorn-M	FACILITY	i o There	1 II	0000			
	Nons 5. M	che o		1				star no	one			
	Lonaconing, Md. 21539 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate											
	shock, or heart fellure. List only one cause on each line.											
	iMMEDIATE CAUSE (Finet disesse or condition	A 11.	1 100		0. *		+		Onset and Death			
	resulting in desth)	, Cenauspu	CANOS OF	Lonary Cines					DO MINI			
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CONSE	OUENCE OF:	900	menni	a			2 01,			
A	if any, leading to immediate cause. Enter UNDERLYING	Gustagent	+	- 0	bless	1	(1		1 days			
FIG	CAUSE (Disease or Injury thet initiated eventa	DUE TO (OR AS A CONSE	QUENCE OF):		0		त					
E	resulting in death) LAST	0 ==					4					
8			121									
AL	PART II. Other eignificent condition	contributing to deeth but not i	reculting in	the underl	lying ceuse given	in Part i.	24a. WAS AN PERFOR	AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
50	menogy	spresia					1 TYES 2	DINO	OF DEATH?			
ME								ľ	1 TYES 2 NO			
ż												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	6. PLACE OF DEATH	(Check only	one)					
SI	1 D YES 2 NO	1 Supportion 2 ER/Outpatient 3			Home 5 - Residen	ca 6 🗆 Oth	er (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	(Month, Day, Year)	26b, TIME (. INJURY AT WORK?	28d. Df	SCRIBE HOW I	NJURY OCCUP	RED			
BY	1 Natural 5 Pending investigation		M 1	YES 2 NO								
	3 Suicide a Could not be	26a. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, stre	et, factory, o	offica		CATION (Street of or Town, State)		Rural Route Number,			
1	4 Homicide determined											
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowledge, do	eath occurred	at the time,	data and place, and	due to the c	use(a) and ma	nner as stated.				
WC	999)	R: On the basia of examination and/or	investigation,	In my opinio	on, death occured at	the time, dat	ta and place, an	nd dua to the o	sause(a) and manner as stated.			
	29b SIGNATURE AND TITLE OF CERTIFIER	\ ~			29c, LICENSE	NUMBER		29d, DATE S	IGNED (Month, Day, Year)			
BE	Za mila	amk			707	004	1	P1/	31 190			
2	TO NAME AND ADDRESS OF BERSON WHI	A COURT STEED ONLINE OF DEATH HER	M on Car O	of mall	1001			- /	2110			

21502

ADMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 900 SETON DRIVE CUMBERLAND, MD

FEB 05 1990"

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Piges 1, 2, 3 should

	1 - STATE REGISTRAR	SIAIE UF MANTL		ICATE OF		MENIAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Las	e Elmer	Bre	eden	SR.	2. DATE OF DEATH MONTH 230	"- 90 YE	ar 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	1/-	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	213-05-3927		34 YRS.			July 3,190		aryland			
E	9a, FACILITY NAME (If not institution, div	em Alex	ital	HAVE	OR LOCATION OF DE	race	9c. COUNTY	of DEATH			
CTO	RESIDENCE OF DECEDENT	111. 1402	7141	7777		me	1 / 1 / TOP CL				
DIRECTOR	Maryland Ha	arford		y, town on Loca ngdon	TION		10d. INSIDE CITY LIMITS? 1 □ YES 2 🔯 NO				
•	10e. STREET AND NUMBER	<u> </u>	11301		r. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
Ì	603 Long Bar Har	bor Road			21009		USA	A			
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	YES 2 NO If yes, specify Cuban, Maxic			n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, Whita, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 _ YE	S 2 XNO Specify	у:		Specify: White			
	15. DECEDENT'S Et (Specify only highest gra	18a. DECEDENT'S (Give kind of	work done during m		16b. KIND OF BUS	SINESS/INDUST	TRY				
LET	Elementary/Secondary (0-12)	Steamf			Constru	ation					
COMPL	10 17. FATHER'S NAME (First, Middle, Last)	bceam	ittei	18. MOTHER'S NA	ME (First, Middle, Maiden						
BE C	Joseph Breed	len			Minnie	Morgar	ı				
TO B	19s. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
	Stella Coriene H				larbor Ro	., Abingdo		21009 or Town, State			
	1 Donation 5 Other (Specify)	moval from State	other place)		ris Crematory West Chester, Pa.						
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME	ND ADDRESS OF FA	omas III Fu	moral	Homo DA			
	HOLENEL A	M. Come	1 TIL			Rd., Abir					
	23. PART I. Enter the diseesea, pantock, or heert fallur	or complications that cause te. List only one cause on a		not enter the m	ode of dying, suc	th es cerdiec or respi	ratory arrest	Approximate Interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	a. A	Ren	of tai	lug			Onset and Death			
	resulting in death) e. DUE TO (OR AS A CONSEQUENCY OF)										
N	Sequentially list conditions, a Green as construing on										
CERTIFICATION	If any, leeding to immediate couse. Enter UNDERLYING										
FI	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):	00						
ERT	reaulting in deeth) LAST	_ d	207			0					
	PART II. Other aignificant conditi	one contributing to death i			ng ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO			
MEDICAL	Eleit	while in	valau	el		1 TES 2		COMPLETION OF CAUSE OF DEATH?			
ME		_ t).				_		1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	neck only one)					
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:		8 Other (Specify)					
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY W	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCUR	RED			
B	Accident Investigatio	28s. PLACE OF INJURY	Y At home, farm.		YES 2 NO	28f. LOCATION (Street	and Number or	Rural Route Number			
ם	3 Suicide 8 Could not I 4 Homicide determined	building, etc. (Spe	icify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)		,			
COMPLETED	29a. CERTIFIER (Check only	YSICIAN: To the beat of my know	wiedge, death occurr	red at the time, da	a and place, and due	to the cause(s) and ma	nner as stated.	1			
OM	one) 2 MEDICAL EXAM	INER: On the basis of exemination	on and/or investigation	on, in my opinion,	death occured at the	time, data and place, ar	nd due to the c	ause(s) and manner as stated.			
H	29b. SIGNATURE AND TITLE OF CERTIF	HER Blay	in year	, la.D	D 151	MBER 2	29d. DATE S	13 90 23 90			
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DI	EATH (ITEN 27) (Type	e, Print)				, -			
	JAN 24 90	32. REGISTBAR'S SIGN	- Handell								

1	-	STATE REGISTRAR
Τ.		EOEDENTIC MA

1 - STATE REGISTRAR CERTIFICATE OF DEATH	REG. N	D.									
1. DECEDENT'S NAME (First, Middle, Last)			3. TIME OF DEATH								
JERRY LEWIS BOND	2	-	00 3:50 P								
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HI	M (Month, Day, Year)	8.	Country) MARYLAU MA								
-55 00 0.50	1 X M 2 L F 3 W YRS. 10 - 10 - 10 - 3										
Se. FACILITY NAME (II not institution, give street and number) UA MEDICAL CENTER PERRY POINT BECIL											
RESIDENCE OF DECEDENT											
ma HARFORD DARGINGTON											
10a. STREET AND NUMBER 101. ZIP CODE		10a CITIZEI	1 YES 2 NO								
,	034	100000000000000000000000000000000000000	n, c h								
11. MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - A											
1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexicon, Puerto Ricen, etc.) 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO Specify: Specify:											
15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL DOCUPATION	165 KIND OF B	ISINESS/INDUS	DLALA								
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9(12)) College (1-4 o) 5 +) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use netired.) A U + O M EC h A / C											
17. FATHER'S NAME (First, Middle, Last) DAULE BONE 10. MOTHER'S NAME (First, Middle, Meidlen Surnama) HELEM TAYLOR											
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)											
EUELVN M BOND 2340 CASTLET	La La Di	PLIA	GTON 2/034								
	200 1	OCATION - CH	y or Town State								
20b. PLACE OF DISPOSITION (Name of carmetory, crametory or other place) 20b. PLACE OF DISPOSITION (Name of carmetory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or											
21 SIGNATURE OF EINERAL REMUCE LICENSEE		1712 5	, , , , , , , , , , , , , , , , , , , ,								
Hun w Little 1701 h	1 CCullo	RRIS HST	BALTIME								
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, shock, or heart fellure. List only one cause on each line.	auch aa cerdiec or rea	piratory erres									
IMMEDIATE CAUSE (Fine)											
disease or condition Congestive Heart Failure											
DUE TO (OR AS A CONSEQUENCE OF):											
Cardiomyopathy											
Sequentially list conditions, If any, leeding to immediate											
cause. Enter UNDERLYING CAUSE (Disease or injury											
that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):											
resulting in death) LAST											
PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause give	n in Part i 24a WAS	N AUTOPSY	24b. WERE AUTOPSY FINDINGS								
and the state of t		ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE								
	1 X YES	2 NO	OF DEATH?								
			1 X YES 2 I NO								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? CONTROL CONT	f (Check only one)										
1 YES 2 XNO 1 X Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Reside	nce 8 Other (Specify)										
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOV	INJURY OCCU	RED								
1 Vetural 5 Pending 2 Accident Investigation M 1 YES 2 No											
3 Suicide e Could not be determined 29e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)	281. LOCATION (Stree City or Town, Sta		Rural Route Number,								
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piace, and one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at											
296. SIGNATURE AND TILE OF CERTIFIER			SIGNED /Month, Day, Yeart								
4 11 22 2 4 4	01-024912	▶1/1									
KARITHANOM ISAAC. M.D. VA MEDICAI CENTED I	PERRY POINT	MD 2	1902								
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE AND 14 90											

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	FOR STATE REGISTRAR	STATE OF	MARYLAN	ND / DEPAI CERTIF					MENT	AL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	TE OF DEATH		YEAR	3. TIME OF DEATH	
	Blai	r_Bolles								uary 26			8:45 AM M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDE			R 24 HRS.	7. DAT	E OF BIRTH			PLACE (State or Foreign	
	578-09-8662	1 📉 M 2 🗌 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.		. 26, 1	911		souri	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	r, TOWN	OR LOCAT	ION OF DE		- 1		NTY OF DE	ATH	
OR	9201 Chanute Driv	е				Bet	hesc	la			Mon	tgom	ery	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			100 00	ry, TOWN	001004	ZION							
DIRECTOR		tgomery		100. 01		hesc						10d. INSIDE CITY LIMITS? 1 YES 2 1 NO		
Z	10e. STREET AND NUMBER					10	. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?	
JNERAL	9201 Chanute Dr	ive					20	814			Uni	ted :	States	
ا جَـ	11. MARITAL STATUS	T EVER IN U		13.					SIN? (Specify Yea o Ricen, atc.)	or No-		- American Indien, White, etc.		
ВУ	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE Y						Specif		o moun, arc.)		Specif	y:	
													White	
里	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Gi			6a. DECEDENT'S	I'S USUAL OCCUPATION of work done during most of working I use retired.)				16b. KIND OF BUSINESS/INDUSTRY					
ا ۳	Elamentary/Secondary (0-12)	College (1-4 or 6				Mew								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	2		oouinai	.130/	Dusi						Mani	ıfacturing	
	Stephen Bolles						18. MOT			t, Middle, Malden	Surname)			
BE	19a, INFORMANT'S NAME (Type/Print)			I 401 1411 111					B1.					
2	Blair Bolles, Jr. 414 Ams									imber, City or Town			0004	
	20a. METHOD OF DISPOSITION		205.0	LACE OF DISPO					iew	York, N		City or To		
	1 Donation 5 Other (Specify)	oval from Stata	0	ther place)										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	_ [MO	ntgomer	22	NAME A	ND ADDRI	ESS OF FA	CILITY				ryland	
	Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave. Bethesda, MD 20814													
	23. PART I. Enter the diseases, or o												Approximata	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and De											Onset and Death		
	disease or condition											6 mos.		
	OUE TO (OR AS A CONSEQUENCE OF):													
z	Carcinoma of the Gallbladder 6 years													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate													
2	CAUSE (Disease or injury													
E	that initiated avents	DUE TO	(OR AS A C	ONSEQUENCE	OF):									
H	resoluting in death) CAST	d												
	PART II. Other aignificant condition	a contributing to	death but	not resulting	in the u	nderlyln	g cause	given in	Part I.			24b.	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
										1 1 123 2	E NO		OF DEATH?	
Σ				· · · · · · · · · · · · · · · · · · ·									T TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (Ch	heck only	one)				
SC	EXAMINER? 1 YES 2 X NO	HOSPITAL:	EB/Outpet	feet 3 DOA	OTHE	R:				ther (Specify)				
H	27. MANNER OF DEATH			26b. Til	1		JURY AT	iesidenca	Y	DESCRIBE HOW II	NJURY OC	CURED		
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year)					W	DRK?	□ NO						
ВУ	2 Accident Investigation 3 Suicide & Could not be	- At home, farm,	M 1 YES 2 NO				26f. LOCATION (Street and Number or Rural Route Number,							
	4 Homicide 6 Could not be	building	, etc. (Specify)				City or Town, State)						
COMPLET	29a. CERTIFIER 1 57 CERTIFYING PHYSI	CIAN: To the best -	f my knowl	ion death	and at the	Olima de	and etc		1	named - 1		4-4		
MP	(Check only one) 1 CERTIFYINO PHYSI												and manner as stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER		2.900.00		,									
B	A GENTIFIER REPORT OF CERTIFIER	N A	1					CENSE NU		,			(Month, Day, Year)	
2 January 18126 (D.C.) January										y 26, 1990				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Henry B. Fox, M.D., 730 24th St., N.W. Washington, DC

32 REGISTRAN'S SIGNATURE

20037

JAN 29 90

Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burl be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)	ALMA M.	BENNETT				2. DATE OF DEATH		.90	3. TIME OF DEATH	
	alma m	Benn	ett					,28.		0740 AM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER	-	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			IPLACE (State or Foreign	
	073-38-4148	1 🗆 M 2 💢 F	90 YAS.	MONTHS	DAYS	HOURS MIN.	APR. 14,	1899	N	EW YORK	
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY,	TOWN 0	R LOCATION OF D	EATH	9c. COU	INTY OF C	DEATH	
בסוסשב	WASHINGTON ADVE	TAI	AMOZ	PARK		MO	NTGO	MERY			
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	1	10c CIT	Y, TOWN O	R LOCAT	ION			10d. INSIDE CITY		
	MD. MONT	GOMERY		POTOMAC					LIMITS?		
1	10e. STREET AND NUMBER	doradita		101. ZIP CODE					IZEN OF	WHAT COUNTRY?	
È	10609 CROSSING		20854			U.S.A.					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S.ARMED	13. V	WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify)		14. RAC	E — American Indian,	
	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				YES YES	2 NO Specific	en, Puerto Ricen, etc.) ly:		Black, White, etc. Specify: WHITE		
	15. DECEDENT'S EDU		18a. DECEDENT'S	USUAL OC	CUPATIO	N	18b. KIND OF B	USINESS/IN	DUSTRY		
COMPLEIED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done d se retired.)	luring mo:	st of working					
	12		HOUSE	WIFE				AT H	OME		
5	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maide	n Sumame)					
u l	CHARLES	MASKES				P	INNA	BU	SCHM	AN	
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Number, City or To	own, State, Zi	p Code)		
	RODNEY D. BENNE		SAM	-		TEM #10)				
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	oval from State	other place)					OCATION —			
	4 Donation * B Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CHAMB	BERS CREMATORY R 22. NAME AND ADDRESS OF FACILITY					IVERDALE, MD.			
	1 3/10/1	Kamlense	M00091					CT	מיטע ד	20910 SPRING, MD.	
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	b. Carella DUE TO FOR AS DUE TO FOR AS C. CARDNAN DUE TO FOR AS d. Drahel	er mes	Store CO	PRON OIAB		LITUS Part I. 24a. WAS, PERF	E ARELLE AN AUTOPSY ORMED?	241	D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	3 05	TEOPHROSIS						(1 TES 2 NO	
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF DEATH (C	heck only one)				
2	1 YES 2 NO	HOSPITAL:		4 🗆 Num	ing Hom		8 Other (Specify)				
- 1	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJUR (Month, Day, Year		ME OF JURY M		URY AT RK? /ES 2 NO	28d. DESCRIBE HOV	V INJURY O	CORED		
בר פ	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLEIED	need only A	ICIAN: To the best of my known								a) and manner as stated,	
200	296. SIGNATURE AND TITLE OF CERTIFIED	M-D		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D17843 128/90							
	30. NAME AND ADDRESS OF PERSON WH	O COMPLEYED CHUSE OF	M. D. (Type	331/	311	TALEDO alesto	TERR.	Le HY	ATTS	Brillatid	
	31. DATE FILED (MONTE): DAY, YOU'S	32. REGISTRAR'S SI	SNATURE SOM ANDREAS	2.							

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9 Table - 104 1 - 1

Clearly By An Frydra DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-314
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hospital or attending pit	after death. Page 6 may be retained by the hospital or attending ph
TO THE FUNERAL DIRECTOR; After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	y the funeral director, page 5 should be detached for use as the burnoval.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND /	DEPARTMENT	OF H	HEALTH	AND	MENTAL	HYGIENE
CE	RTIFICATE	OF	DEAT	'H		REG. NO.

1 - FOR STATE REGISTRAR		STATE OF MAR					EALTH AND I	MENTA	L HYGIENI	E		
1. DECEDENT'S NAME (Firs	t, Middle, Last)								OF DEATH			3. TIME OF DEATH
GLADYS	ES	TELLE	BR	OTHE	RTON			JAN	T. 26	, 19	90	8:22 A M
4. SOCIAL SECURITY NUM			AGE (In yrs. In	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE (Mont	OF BIRTH h, Day, Ybar)	- 1	Country	IPLACE (State or Foreign
150-20-04	, ,	1 M 2 K F	86	YRS.	EIII SS		A LOCATION OF DE	APF	2.10,1	903	K	ANSAS
WASHING!			поср	ı m	124		A PARK	AIH				
RESIDENCE OF DE		AFMITSI	позр	T.	TA	KON	A PARK			MON	160	MERY
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	A LOCAT	ION					10d. INSIDE CITY LIMITS?
MD.		GOMERY		S	ILVE		PRING					1 XYES 2 NO
10e. STREET AND NUMBER						101	ZIP CODE					VHAT COUNTRY?
223 FII		TERR.					20901				S.A	
1 Never Married 2 3 Widowed 4 Div	Merried	12. WAS DECEDENT EV FORCES? 1 I	YES 2 A	NO		f yes, sp	ENDENT OF HISPAN Helty Cuban, Mexica 2 NO Specify	n, Puerto	N? (Specify Yee Ricen, etc.)	or No 1	4. RACE Black Special	WHITE
	CEDENT'S EDUCA		18a. D	ECEDENT'S	USUAL OC	CUPATIO	IN st of working	168	, KIND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (College (1-4 or 5+)	in	e. Do NOT u	se retired.)		a controlling	1	2.00			
		4	1	HOME	MAKE	K	i			HOME		
17. FATHER'S NAME (First,)		ADDTA CT					16. MOTHER'S NA				TATO	
AUSTIN		ARRIAGE	1 4	Oh. MAII INC	ADDRESS	(Street -	NETS			MARL State Zin (1
STANLEY	,,		- 1				ITEM			r, State, Zip C	.000)	
20a. METHOD OF DISPOSI	TION		20b. PLACE				TTTTI	#10	-	CATION — C	ty or To	wn, State
1 Buriel 2 Cremati 4 Donation 6 Othe		CHAMBERS CREMATORY					RIVERDALE, MD.					
21. SIGNATURE OF FUNER	AL SERVICE LICE	NSES/	0	22. NAME AND ADDRESS OF FA								
12/9	1.11	anthor	MM	0009	1 W	. W	. CHAME	BERS				20910
23. PART I. Enter the cahock, or l		mplications that callst only one cause			not enter	the mo	de of dying, suc	h aa car	diac or reapi	ratory arre	et,	Approximeta Interval Between
IMMEDIATE CAUSE (F	inal	,										Onset and Death
disease or condition reaulting in death)	→ a.		CARD:			ST						l hr.
		DUE TO (OR	AS A CONS	EQUENCE O	F):							
Sequentially list condi			AS A CONSI	EQUENCE O	F):				_			<u> </u>
If eny, leeding to imme cause. Enter UNDERLY	ring											
CAUSE (Disease or inj that initiated events		DUE TO (OR	AS A CONSI	EQUENCE O	F):							
resulting in death) LA	ST d.		_									
PART II. Other algolfic	ent conditions	contributing to de	ath but not	reaulting	in the un	derlyin	cause given in	Part I.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
111		ER'S DI							PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
		011 0 02	<u> </u>				_		YES 2	□ 140		OF DEATH? 1 Tyes 2 No
												1 1 123 22 110
25. WAS CASE REFERRED	TO MEDICAL					26. PI	ACE OF DEATH (Ch	eck only a	(ne)			
EXAMINER?		HOSPITAL:	VOutpatient	3 DOA	OTHER 4 Nun	₹:	e 5 🗆 Residence					
27. MANNER OF DEATH		28a. DATE OF INJ (Month, Day,	URY	26b. TIN		-	URY AT		SCRIBE HOW II	NJURY OCC	JRED	
1 Natural 5	Pending Investigation	(MORIN, Day,	rear)	1144	M		YES 2 NO					
a D autota	Could not be detarmined	28s. PLACE OF IN- building, etc.	JURY — At I (Specify)	nome, farm,	street, fact	lory, offic	•	28f. LO Cit)	CATION (Street a or Town, State)	and Number o	r Rural F	Route Number,
29a. CERTIFIER X		and the first	yo şili s							e.		
		AN: To the best of my										e) and menner as stated.
29b. SIGNATURE AND TITE	COF CORTIFIER	4					29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
	1	N	1	1			D 08	3089		J .	AN.	27,1990
MICHAEL	LEIBO					Δ	VE SI	T.V.F	R SPP	TNG	МГ	20904
31. DATE FILED (Month, Den JAN 2	חסי"ס	22 DECIMITARIS					· L . , D.	VI	L DII		_ 411/	
JAN Z	7 30	0	an I woman	1								

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F	THI	2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending pl	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by he find within 75 france, after death with the State Dent, of Health and Mental Hopiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 . STATE	STATE OF MARYLAND						90	03306			
	REGISTRAR	C	ERTIFIC	ATE OF	DEATH	REG. NO						
ä	1. DECEDIATE NAME (First, Middle, Las"					2. DATE OF DEATH MONTH DA	AY	YEAR	TIME OF DEATN			
	Marion	Lerov	Bagl	ey		01 2	7	70	8:30 A.M			
	4. SOCIAL SECURITY NUMBER 578-05-5846	5. SEX 6. AGE (In yrs. In:	-	UNDER 1 YEAR	7. DATE OF BIRTH 1902 8. BIR (Month, Day, Year)			ACE (State or Foreign				
	9e. FACILITY NAME (If not institution, give stre	· · · · · · · · · · · · · · · · · · ·	1 01	CITY TOWN O	R LOCATION OF DE	January 2	-	TY OF DEAT				
FUNERAL DIRECTOR	Suburban Hos RESIDENCE OF DECEDENT	pital	1	10	da, Ma	aryland			jomery			
JIRE	100. STATE 10b. COUNTY Maryland Mont	gomery		own on Locat ckerson	ION			100	d. INSIDE CITY LIMITS?			
_	10e. STREET AND NUMBER	,gomery	Dic		ZIP CODE		100 CITIZ		T COUNTRY?			
¥				1000								
N	17110 Comus Road			_	20842			ed S				
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2XX IF YES, GIVE WAR OR DATES	RMED NO	If yee, spe		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No—	Black, V	American Indian, thite, etc. White			
ED	15. DECEDENT'S EDUCA (Specify only highest grade of	completed) (C	live kind of work	UAL OCCUPATIO	N at of worlding	16b. KIND OF BU	SINESS/INDU	ISTRY				
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT use re	tired.)								
P		3 Arc	chitect	-		Self- I	Employ	red				
O	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NAI	ME (First, Middle, Maiden	Sumama)					
ш	Samuel Thomas Bac	iley			Amy Tan	nahill						
8	19e. INFORMANT'S NAME (Type/Print)		b. MAILING AD	ORESS (Street a		loute Number, City or Tow	n, State, Zip (Code)				
5	Norma J. Checkley	7	17000	Comus R	oad, Dic	kerson, Ma	arylar	nd 20	0842			
	20e. METHOD OF DISPOSITION 1 Burlel 2 X Cremetion 3 Remove	20b. PLACE	OF DISPOSITION	ON (Name of cen	netery, crematory or	20c. LO	CATION - C	ity or Town	, State			
- 3	4 Donation 5 Other (Specify)	Monte		Cremat	orium	Betl	nesda,	Mar	yland			
	21. SIGNATURE OF FUNERAL SUPPLIES VICE	Augus MOOR	846	Robert 300 We Rockvi	A. Pump st Montg	hrey Funer omery Aver yland 208	ral Ho	ome/R	ockville,			
	23. PART I. Enter the diseesea, or co ahock, or heart failure. L	omplications that coused the d	eath. Do not						Approximata Interval Between			
	IMMEDIATE CAUSE (Finel	net oraș une cause on econ mi						Onset and Death				
	disease or condition reaulting in death)	OUE TO (OR AS A CONSE	2513									
		OUE TO (OR AS A CONSE	EOUENCE OF):									
z		8 N.	au n	NON	io i							
0	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CONSE	EOUENCE OF):									
AT	cause. Enter UNDERLYING CAN SHOT OF NECK											
FIC	CAUSE (Disease or Injury that Initiated events	CAUSE (Disease or Injury										
CERTIFICATION	resulting in death) LAST	and c	Has	1.								
CE		•							1			
4	PART II. Other significent conditions	contributing to deeth but not	reaulting in t	the underlying	g cause given in	Part I. 24s. WAS AN PERFO			ERE AUTOPSY FINDINGS			
S						1 _ YES	2 -	0	OMPLETION OF CAUSE			
								1	F DEATH?			
2						-			125 2 110			
AN	25. WAS CASE REFERRED TO MEDICAL		,	00.00	ACC OF DEATH OF							
2	EXAMINET?	HOSPITAL:	0	THER:	ACE OF DEATH (Ch	eck only one)						
YS	1 ☑ XES 2 □ NO	12 Impatient 2 ER/Outpatient			e 5 🗌 Residence			<u> </u>				
BY PHYSICIAN: MEDICAL		27. MANNER OF DEATN 280. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK?										
3	1 Natural 5 Pending 2 Accident Investigation	15.30-81	700	7 M 1 🗆	YES 2 NO	3401	Nanz	וס	as Nock			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, ferm, etre	et, factory, offic		281. LOCATION (Street City or Town, State	end Number	or Rural Rou	the Number.			
Ш	290. CERTIFIER	DIAN: To the best of my knowledge, d		at the time det	and along and d			4				
COMPLETED	(Critick Orly	R: On the basis of examination end/or							and manner se stated.			
Ö	29b. SIGNATURE AND TITLE OF CENTIFIER				29c, LICENSE NUI	ABER	29d, DATE	SIGNED /L	fonth, Day, Year)			
BE	906	- ulus 6		2		3546	•	1-2	7-90			
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	EM 27) (Time Dr	intl		. 4	1	*	· Band			

8218 WISCOUSIN

Randalle

32. REGISTRAR'S SIGNATURE

JAN 29'90



permit. Pages 1, 2, 3 should

nours after death. Page 6 may be retained by the hospital or att

BALTIMORE, MARYLAND 21203

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.4 nours after death. Page 6 may be retained by the hospital or anti-TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MA			CATE OF		MENIAL HYGIE! REG. NO	-	
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DEATH		3. TIME OF DEATH
	FMAK	R	Ro	· va	nî			7 90	00 50Am
	4. SOCIAL SECURITY NUMBER	RITY NUMBER 5. SEX 6. AGE (In yrs. In			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	IRTHPLACE (State or Foreign	
		1√XM2□F			MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		ountry)
	578-01-2689 9a. FACILITY NAME (If not institution, give st		72		9b. CITY, TOWN	SHINGTON, D.C.			
DIRECTOR	WASHINGTON ADVENT				TAKOMA			OMERY	
E	10a. STATE 10b. COUNTY			10c. CITY	TOWN OR LOCAL	TION		10d. INSIDE CITY LIMITS?	
	MARYLAND PRINC	E GEORGES		HY	ATTSVILI	E			1 YES 2 NO
AL	10e. STREET AND NUMBER			1120	10	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	2416 KIRSTON STRE	ET				20	USA		
3	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARME	ED	13. WAS DEC		NIC ORIGIN? (Specify Ye	s or No- 14. !	ACE - American Indian.
	1 Never Married 2 Married	FORCES? 1X	YES 2 NO			ecity Cuben, Mexic 2 NO Spec	en, Puerto Rican, etc.)	100	Slack, Whits, atc.
BY	3 Widowed 4 Divorced	WW TT	TON DATES		1 1 123	2 M NO Spec	ny.		HTTE
03	15, DECEDENT'S EDUC	CATION			USUAL OCCUPATION		18b. KIND OF BU	ISINESS/INDUSTI	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of w	ork done during mo retired.)	ast of working			
4	12		TAVE	'DN (OWNER				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		TAVE	ALL C	MINER	18. MOTHER'S N	AME (First, Middle, Maide	Sumame)	
	ALEXANDER BARONI					LUCY	RUGUSA		
BE	19a, INFORMANT'S NAME (Type/Print)		19h (MAILING	ADDRESS (Street)		Route Number, City or To	un State Zin Code	1
2	CARMELA BROUGHTON	(COUS	SIN) 13	806	MARIANN	A DRIVE	ROCKVILL		
	20a. METHOD OF DISPOSITION 1 X Burlei 2 Cremation 3 Ram	oval from State	other place	0)		metery, cremstory or		DCATION — City	or Town, Stata
	4 Donation 5 Other (Specify)		ARLING	TON	NATIONA	L CEMET	ERY ARI	LINGTON	VIRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LIC	-	^			ND ADDRESS OF F			
	> Michael:	1. Big	ler				OLLINS FUND		Æ, INC.
	23. PART I. Enter the diseases, or o			h. Do n					Approximate Interval Between
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final								
	disesse or condition resulting in death)	- ACN	R AS A CONSEQU	Ros	To To	ailure		2 days	
	resulting in death)	DUE TO (O	R AS A CONSEQU	ENCE OF	n.G				2000)
z		Hy	HOXIL	6	nupha	lopath	ч		7 days
2	Sequentially list conditions, If any, leading to immediate Due TO (on AS A CONSEQUENCE OF):								
S	cause, Enter UNDERLYING	· Cari	diores	000	rong	Dryes	٠	14 days	
Ĭ	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSEQU	ENCE OF):				
CERTIFICATION	resulting in death) LAST	d.							
31	PART II. Other significant condition	s contributing to de			M			N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2	mossin de	nendeur	Piase	res	1 ell	241	1 TYES	2 NO	COMPLETION OF CAUSE OF DEATH?
DIC									1 TES 2 NO
MEDICA								1	, ,
N: MEDICA									
NAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL					LACE OF DEATH (C	theck only one)		
SICIAN: MEDICA		HOSPITAL:	ER/Outpatient 3	DOA	OTHER:		theck only one)		
HYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1 Inpetient 2 DE	LJURY	28b. TIMI	OTHER: 4 Nursing Hore E OF 28c. IN.	ne 5 🗆 Residence		INJURY OCCURE	D
Y PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Setural 5 Pending	1 Inpatient 2 🗆 E	LJURY		OTHER: 4 Nursing Hore E OF 28c. IN.	ne 5 🗆 Residence	6 Other (Specify)	INJURY OCCURE	D
B	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Vetural 5 Pending Investigation	28a. DATE OF IN (Month, Day,	IJURY Year)	28b. TIMI	OTHER: 4 Nursing Hore E OF URY M 1	ne 5 Residence JURY AT DRK? YES 2 NO	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Stree	and Number or R	
B	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 OO 27. MANNER OF DEATH 1 Vetural 5 Pending Investigation	28a. DATE OF IN (Month, Day,	IJURY Year)	28b. TIMI	OTHER: 4 Nursing Hore E OF URY M 1	ne 5 Residence JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	and Number or R	
B	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	28a. DATE OF IN (Month, Day, 28a. PLACE OF I building, etc.)	IJURY Year) INJURY — At home c. (Specify)	28b. TIMI INJ e, farm, s	OTHER: 4 Nursing Hon E OF 28c. IN. URY M 1	DIE 5 Residence JURY AT JRK? YES 2 NO	28d. DESCRIBE HOW 28d. LOCATION (Stree City or Town, State	t and Number or R	
B	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Setural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only	28a. DATE OF IN (Month, Day, 28e. PLACE OF I building, etc.)	INJURY — At home c. (Specify)	28b. TiMi INJ e, farm, s	OTHER: 4 Nursing Hor E OF 28c. IN, URY W 1	JURY AT SHK? YES 2 NO	28d. DESCRIBE HOW 28d. LOCATION (Stree- City or Town, Stet	t and Number or R	ural Route Number,
COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 2 Accident	28a. DATE OF IN (Month, Day, 28e. PLACE OF I building, etc.)	INJURY — At home c. (Specify)	28b. TiMi INJ e, farm, s	OTHER: 4 Nursing Hor E OF 28c. IN, URY W 1	DIPY AT SHAPE STATE SHAP	28d. DESCRIBE HOW 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Town, State see to the cause(s) and make time, data and place, see	and Number or R specifications are stated.	ural Route Number,
COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Setural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only	28a. DATE OF IN (Month, Day, 28e. PLACE OF I building, etc.)	INJURY — At home c. (Specify)	28b. TiMi INJ e, farm, s	OTHER: 4 Nursing Hor E OF 28c. IN, URY W 1	JURY AT SHK? YES 2 NO	28d. DESCRIBE HOW 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Town, State see to the cause(s) and make time, data and place, see	and Number or R specifications are stated.	ural Route Number, use(s) and manner as stated. INED (Month, Day, Year)
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	28a. DATE OF IN (Month, Day, 28a. PLACE OF I building, etc CIAN: To the best of me ER: On the best of exercise.	INJURY — At home. (Specify) y knowledge, deat	28b. TIMI INJ e, farm, s h occurre	OTHER: 4 Mursing Hon E OF 28c. IN. URY M 1 Intrest, fectory, office at the time, date In, in my opinion, in	DIPY AT SHAPE STATE SHAP	28d. DESCRIBE HOW 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Town, State see to the cause(s) and make time, data and place, see	and Number or R specifications are stated.	ural Route Number,
COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 2 Accident	28a. DATE OF IN (Month, Day, 28a. PLACE OF I building, etc CIAN: To the best of me ER: On the best of exercise.	INJURY — At home. (Specify) y knowledge, deat	28b. TIMI INJ e, farm, s h occurre	OTHER: 4 Mursing Hon E OF 28c. IN. WM 1 Introduction of the time, date In, in my opinion, in	JURY AT SHK? YES 2 NO se a and place, and didenth occurred at the shk shk shk shk shk shk shk shk shk shk	28d. DESCRIBE HOW 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, State to the cause(e) and m to time, data and place, to UMBER	enner se stated. and due to the ca	ural Route Number, use(s) and manner as stated. INED (Month, Day, Year)

8+

JAN 30 '90

32. REGISTRAR'S SIGNATURE

whia Savidson Randose

per 1, 2, 3 should

use as the

urs after death. Page 6 may be retained by the hospital or attending physical BALTIMORE, MARYLAND 21203-3146

attending physician and completely filted in by the funeral director, page 5 should be detached for infal Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

een signed by the atte of Health and Mental Inluy.

this certificate has been with the State Dept. of h

THE FUNERAL DIRECTOR: After 1 filed within 72 hours after death

TO THE FUNERAL DIRECTOR: At the filed within 72 hours after de IMPORTANT: II Item 28 is

DIRECTOR

FUNERAL

BY

ETED

COMPL

2

once.

notified at BE

must be

examiner

traumatic event, the medical

or other

item 23 shows any

marked, or

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2 DECEDENT'S NAME (First, Middle, Last,

Sa. FACILITY NAME (If not institution, give

Annapolis Convalescent Center RESIDENCE OF DECEDENT 10b. COUNTY

2129 Beach Village Court

Anne Arundel

College (1-4 or 5+)

A SOCIAL SECURITY NUMBER 223-52-7401

Maryland

10e. STREET AND NUMBER

Olive

12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES.

									0	0	000	0
	DEPAR ERTIF					MENTAL F	YGIEN REG. NO.		91	J	033	U
BL	AN	KĖ	15	Hi	0	2. DATE OF MONTH Jan.	DA		YEAR 90	3. TH	ME OF DEATH P.	М
ek (in yrs. ia 96	et birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF (Month, Di	BIRTH By, Yber) . 2 , 1	893	Countr	y)	E (State or Foreign	п
Cent	er			apol		EATH			ne A		ndel	
		ry, town o								1	INSIDE CITY LIMITS? YES 2 X NO	
rt			10	r. zip cod	140:	3			S.A		COUNTRY?	
R IN U.S. A ES 2 A R DATES			If yes, sp		ın, Maxica	NIC ORIGIN? (5 in, Puerto Rice y:		or No-		k, Whit ily:		
(C	ECEDENT'S Give kind of e. Do NOT u	work done	during mo		ing	16b. KH	ND OF BUS		DUSTRY			
	пош	eman	rer	18. MOT	HER'S NA	ME (First, Midd	Hom			_		-
						a Good						
- 11	Db. MAILING	ADDRES	S (Street	and Numbe	r or Rural	Route Number,	City or Tow	n, State, Zi	p Code)	21	403	
	2129	Bea	ch	Vil	lage	e Cou	rt,	Ann	apol	is	, MD	
20b. PLACE other p	OF DISPO	SITION (N	ame of ce	metery, crei	matory or		20c. LO	CATION -	City or To	own, St	tata	
VI.	LVE	DIGI	L	O C.III	CLCI	. v	1 1 0	LUS	III WELLE	. 11 .	Y AT	

11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highe Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Joshua E. Dailey 19a. INFORMANT'S NAME (Type/Print) Virginia Carpenter 20a. METHOD OF DISPOSITION

120 Burial 2 Cremation 3 Ref 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leeding to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST

	or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, re. List only one cause on each line.	Approximata interval Batween
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to (or as a consequence or):	Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO 10 A AS A COMBEDUENCE OF HELL ALLES	İ
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):	
PART II. Other significant condi	tions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b.	WERE AUTOPSY FINDINGS

22. NAME AND ADDRESS OF FACILITY

147

Taylor Funeral Chapel

PART II. Other significant conditions

1 TYES 2 LING

Gloucester St. Annapolis . MD

DINGS COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

21401

25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** 1 YES 2 ... NO 27. MANNER OF DEATH

8 Pending

8 Could not be determined

1 Natural

2 Accident

3 Suicide

4 Homicide

26. PLACE OF DEATH (Check only one) OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - No ng Home 8 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year)

28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exa

nd/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29¢ LICENSE NUMBER

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29d, DATE SIGNED (Month, Dev. Year)

30. NAME AND ADDRESS OF PERSON

00 31. DATE FILED (Month, Day, FEB 1990

Lulia Davidso

DHMH-18 Rev 1/89

	1 - FOR STATE OF REGISTRAR		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	70 0330:					
	1. OECEDENT'S NAME (First, Middle, Last)	n B	entleu	2. OATE OF GEATH DAY	YEAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 213.24, 2049 1 □ M 2 0 F	Months Dave (Month, Dev. Year) Country)								
OR	90. FACILITY NAME (If not Institution, give street and number)	U5 e	Cambous de	EATH 9c	9c. COUNTY OF DEATH					
DIRECTOR	RESIDENCE OF DECEDERT 10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
	10e. STREET AND NUMBER		101, ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	Daver St.		21601		115K					
BY FU	1 Never Married 2 Married FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico 1 YES 2 XNO Specifi	in, Puarto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:					
COMPLETED	15. OECEOENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 1	(Give kind of wor	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 16b. KIND OF BUSINESS/INDUSTRY							
MP	17. FATHER'S NAME (First, Middle, Last)	Demi	16 MOTHER'S NA	AME (First, Middle, Malden Sum	emel					
BE C	Clerance	mili	s ma	991e	Camper					
B 2	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING A	DDRESS (Street and Number or Rural	Route Number, City or Town, St	nte, Zip Code)					
٦	20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSIT	TON (Name of cemetery, crematory or	20c. LOCATI	ON — City or Town, State					
	1 Burial 2 Cremation 3 Removal from State 4 Onnetion 5 Other (Specify)	other place)	1 1-	Eno 3	i mdi					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE) (.1	22. NAME AND ADDRESS OF FA	CILITY						
	Deary HA	6 Levell	319 120	URY Sti	raite mo.					
	23. PART I. Enter the disessed or complications the shock, or heart fellure. List only one complications are complications.	nat caused the death. Do no nuse on each line.	t enter the mode of dying, suc	ch ee cardiec or respirato	Approximate interval Between Onset and Death					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	enal Far.	Und .		Year'					
z I	Sequentially list conditions b.									
AT	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
띮	flist linitated sasists	O (OR AS A CONSEQUENCE OF):								
CERTIFICATION	resulting in desth) LAST									
AL	PART II. Other significant conditions contributing to	and the second s		Part I. 24a. WAS AN AUT						
	/ // 2 he inc	i. Dire	as I have	1 YES 2 0	Or BEATTI					
PHYSICIAN: MEDIC					1 TYES 2 NO					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C	heck only one)						
IXSI		☐ ER/Outpatient 3 ☐ DOA 4	I ☐ Nursing Home 5 ☐ Residence	6 Other (Specify) 28d. DESCRIBE HOW INJUI	RY OCCURED					
ВУ Р		OF INJURY 28b. TIME INJURY	M 1 YES 2 NO							
	3 Suicide 28e. PLACE	OF INJURY — At home, term, str g, etc. (Specify)	eet, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the bests of									
BE	296. SIGNATURE AND DUCE OF CHITIFIER	ni	29c. LICENSE NU		d. DATE SIGNED (Month, Day, Year)					
5	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CA	408 1		(Ams 10	isto hd					
	JAN 26 90 32. REGIST	RAR'S SIGNATURE								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trail be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BALTIMORE, MARYLAND 21203-3146

e attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transform
and completely filled in by the funeral director, page 5 should be detached for use as the burial-transitional

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. OECEDENT'S NAME (First, Middle, Last)	Howard Ernest Bigham	2. DATE OF DEATH DAY

į.	1. OECEDENT'S NAME (First,	Middle, Last)	Howard	Ernest B	igha	m			2. DATE OF MONTH	DEATH DA	W.	YEAR	3. TIME OF DEATH
	Howard & Digham									02 03 1990			" 6 PH M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les		MONTHS DA	AR NYS	IF UNDER 24 HRS.	7. OATE OF (Month, De	ly, Ybar)		8. BIRTI Count	HPLACE (State or Foreign ry)
	226-36-724		1 M 2 □ F	56	YRS.				May 1	.5, 1			ryland
~	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF OEATN 9c. COUNTY							
ğ	Washington County Hospital					Hag	er	stown			Wa	shin	gton
EC	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OR L	OCATI	ON					10d. INSIDE CITY
듬	Maryland	Wa	shington		1	Hagers	to	wn					1XXYES 2 □ NO
Washington County Hospital Hagerstown RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Washington 100. CITY, TOWN OR LOCATION Hagerstown 100. STREET AND NUMBER 101. ZIP CODE 102. ZIP CODE 103. STREET AND NUMBER 104. ZIP CODE 115. WAS DECENDENT OF HISPANIC ORIGIN? (S. If yes, apecify Cuben, Maxican, Puerto Ricer of Code of Texts of Tex									10g. CIT	IZEN OF	WHAT COUNTRY?		
EB	10 Osborn	e Aven						21740			U	.S.A	
F	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MEO 10				ANIC ORIGIN? (Specify Yea or No— 14. RAG				E — American Indian, k, White, etc.
34	3 Widowed A 5ivo		IF YES, GIVE V			1 🗆	YES	2 NO Specify				Spec	white
		EDENT'S EDU	CATION	16a. OE	CEDENT'S	USUAL OCCU	PATIO	N	16b. KII	ND OF BUS	SINESS/IN	DUSTRY	WIIZOO
E	(Specify online Elementary/Secondary (Control of Control y highest grade	completed) College (1-4 or 5	(G life.	ive kind of v Do NOT us	vork done durir se retired.)	ng mos	of working						
IP.	0-6				lerk				con	veni	ence	sto	re
COMPLETED	17. FATNER'S NAME (First, M	liddle, Last)						18. MOTHER'S NA	ME (First, Midd	lla, Maiden	Surname)		
BE (E	rnest	Bigh	am					Ann	Gamb	le		
2	19a. INFORMANT'S NAME (nd Number or Rural F					017/0
	Mr. Frank V		k					enue, Ha	gerst				
	20a. METNOD OF DISPOSIT 1 Durial 2 Cremetic	on 3 🗆 Rem	ovel from State	other pl	ace)	rg Cre		etery, crematory or			CATION -		own, State
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		ENSEE .	- 1 DIIITE	IISDU		_	D ADDRESS OF FA	CILITY M.				L HOME
	15.	XX		1 R		/.15	Fo	ot Wilco					m, MD 21740
	23. PART I. Enter the d	leases or	complications the	at caused the de	eth Do r								Approximate
	shock, or h	eert feliure.	List only one can					de or dying, ado	ii as cardisc	or respi	manory an	133014	Interval Between Onset and Death
	iMMEDIATE CAUSE (Fit disease or condition	nai		Cul	. 50	00	,	1. "	112 :	1			Onset and beauti
ŀ	reaulting in deeth)	7	a. DUE TO	(OR AS A CONSE	OUENCE OF	F):	200	roy a	vos				moneylyle
2			. (iance	1 41	Par	C	lold)	with	12	o fr	tra	in seen month
CERTIFICATION	Sequentielly list condit if any, leading to imme	dieta	DUE TO	(OR AS A CONSE	OUENCE O	F):		1		<i>I</i> 1	-		
5	cause. Enter UNDERLY CAUSE (Disease or Inju		c. DUE TO	OR AS A CONSE	12 (les	0	fec h	east	d	6.20	use	- gen 715
	that initiated events resulting in death) LAS	т	00E 10	OH AS A CONSE	P	h.	00	1-					11/ 7/
E			d′	Tan	eco	ne	ue	uus					1
	PART II. Other algnifica	ent condition	a contributing to	death but not	reaulting	in the unde	rlylng	ceuse given in	Part I. 24	e. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									1	☐ YES 2	NO 🗆		COMPLETION OF CAUSE OF DEATH?
_													1 YES 2 NO
PHYSICIAN:	07 WHO CARE RECERDED 3	TO RECORD						105 05 05 1711 101	1				
S	25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpetlent 3	□ not	OTHER:		ACE OF DEATN (Ch					
¥	27. MANNER OF DEATH		28e. DATE OF	FINJURY	28b. TIM	E OF 28		e 5 🗆 Residence	28d. DESCR		INJURY O	CCURED	
=		Pending Investigation	(Month, I	Day, Year)	IN	JURY M		RK? (ES 2 NO	1655-075				
BY	2 Accident 3 Suicide			OF INJURY — At he	ome, farm,	street, factory	office					er or Rumi	Route Number,
COMPLETED	3 Suicide 8 Could not be detarmined City or Town, State) City or Town, State)												
1 2	29a. CERTIFIER 1 CER	TIFYING PHYS	CIAN: To the best o	f my knowledge, de	eath occurr	ed at the time	, data	and place, and due	to the cause	(a) and ma	nner sa st	sted.	
⊠	ana)	HCAL EXAMINE	R: On the basis of a	examination and/or	Investigation	on, in my opin	lon, d	eath occured at the	time, date an	d place, ar	nd due to	the cause	(a) and manner as stated.
E C	29b. SIGNATURE AND TITLE	E OF CERTIFIE	R / O	00	1.	11		29c. LICENSE NUI	WBER		29d. DA	TE SIGNE	D (Month, Day, Ybar)
0	-m	ress	and B	134	elih	M.L	ر	10-14	1800		▶2	121	90
٩	30. NAME AND AODRESS O	FRENCH WH	chuch	ST PEATH (ITE	J a	Print)	d'y	un.	MO	21	740	>	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 40 Fredrich St. Hagesstrum, MO 21740 31. DATE PIEGO (MONTH, Day Year) 32/REGISTERAN'S SIGNATURE JUNA DAM JAW JAW JAW JAW JAW JAW JAW JAW JAW JAW												

IVA 10

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	ATE OF MARYLAND /		MENT OF H		MENTAL HYGIEN REG. NO	_	03311	
	1. DECEDENT'S NAME (First, Middle, Last) Richard H., Boul	nds				2. DATE OF DEATH MONTH DATE Of 1	2 9		
	214-72-0710 -	M 2 □ F 60	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-10-2	9 Ma	eryland	
MOR	9e. FACILITY NAME (If not institution, give street and Peninsula Genera RESIDENCE OF DECEDENT	Sbury	ATH	9c. COUNTY (COMICO				
DIRECTOR	Md. Somers	Anne		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER Rt # 2 Box 36				21853		US	OF WHAT COUNTRY?	
BY FUI	IF	as decedent ever in u.s. ara drces? 1 ½ yes 2 — no yes, give war or dates Korean Confi			ecity Cuban, Mexican	IC ORIGIN? (Specify Yea n, Puerto Ricen, atc.)		RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	18e. DEC (Giv. infe.	CEDENT'S Use kind of we Do NOT use	USUAL OCCUPATION of k done during more retired.)	si of working	Seind &			
ш	17. FATHER'S NAME (First, Middle, Last) James H. Bounds		31. 0	opera	16. MOTHER'S NAI	ME (First, Middle, Maiden h Powell		:1 Co.	
TO B	190. INFORMANT'S NAME (Typo/Print) Jacqueline Bounds	5		ADDRESS (Street a		Route Number, City or Tow	m, State, Zip Code	a)	
	20s. METHOD OF DISPOSITION 1 Burlel 2 Commatton 3 Removal fro Donation Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Cape	Hen	lopen	netery, cremetory or Cremator ADDRESS OF FAC	ry Fr	eation – chy ankfor	or Town, State	
3	Suald (/	Toun &				ral Home			
	23 PART I. Enter the diseases, or compliance, or heart failure. List of IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Arterioscl DUE TO (OR AS A CONSEQ	erot	ic Car				Approximata Interval Between Onset and Death	
CATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO (OR AS A CONSEQ	UENCE OF):					
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 24b. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 VES 2 NO								
PHYSICIAN:		SPITAL: Inpatient 2 ER/Outpatient 3		OTHER:	ACE OF DEATH (Chi				
BY PHY	27. MANNER OF DEATH 1 XX Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	URY 28b. TIME OF 28c. INJURY AT				INJURY OCCURE	ED	
a legiste — 28f. LOCATION /Street and Number of Parel Re									
COMPLETED	(One on only	To the best of my knowledge, de the basie of examination end/or i						use(e) end manner as stated.	
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	Male Do		M T	29c. LICENSE NUI			GNED (Month, Day, Year)	

Deputy M.E.

Bulkeley, M.D. - 32. REGISTRAR'S SIGNATURE Fondalls

DHMH-16 Rev 1/89

01-22-90

Salisbury,

D03599

Elberta Avenue -

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×	ical	Sta	=
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🔤 rouns after death. Page 6 may see	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pay-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be
S	SC	5	T
F	THE STATE OF	₹	rke
9	ter	ath	E
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PHYSICIAN: MEDICAL CERTIFICATION

BY

BE COMPLETED

2

6

27. MANNER OF OEATH

2 Accident

3 Suicide

4 Nomicide

or use as the burial-transit permit. Pages 1, 2, 3 should

tal or attending physician. 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

												20	00012
FOR STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR ERTIF					MENTA	L HYGIE			
1. DECEDENT'S NAME (First	, Middle, Last)					-	-			OF OEATH	=		. TIME OF DEATN
	Her	bert	J			Baui	nan		MONT	7	2 2	1990	\$4:55A
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.		OF BIRTN		S. BIRTHPL	ACE (State or Foreign
140-07-18		1 M 2 D F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	0 6	25 0	3	Country)	onsin
9a. FACILITY NAME (If not in Memoria	Hosp	ital			9b. CITY	Eas		TION OF O	EATH		9c. COL	Talbot	TN
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 19c. CITY. TOWN OR LOCATION 10c.													
10n. STATE	10b. COUNT				.,		NON						Od. INSIDE CITY LIMITS?
Maryland		bot		E	asto								X YES 2 NO
100. STREET AND NUMBER						10	. ZIP CO				10g. CI1	TIZEN OF WH	AT COUNTRY?
96 Earle	Avenu							601				.S.A.	
11. MARITAL STATUS 1 Never Married 2	Married	FORCES?	NT EVER IN U.S. AI	RMED NO		If yes, sp	ecify Cub	en, Mexico	an, Puerto	N? (Specify Y Rican, etc.)	es or No-	14. RACE - Black,	- American Indian, White, etc.
3 Widowed 4 Div		IF YES, GIVE	MAR OR DATES			1 TYES	2 X NO	Speci	fy:			Specify: Whi	
15. OE	CEOENT'S EOU	ICATION	18a. D	ECEDENT'S	B USUAL O	CCUPATIO	ON		161	, KIND OF B	USINESS/IN		Le
(Specify on Elementary/Secondary (ly highest grade	College (1-4 or 8	- 86	Give kind of a. Do NOT u	work done use retired.)	during mo	al of work	eing					
11	,	2		CCO	unta	nt							
17. FATHER'S NAME (First, A	Aiddle, Last)				411.00	110	16. MO	TNER'S N	AME (First,	Middle, Maide	n Surname)		
John Baum	an						Fl	igal	anth	Ket	torh	2002	
19a, INFORMANT'S NAME (11	Pb. MAILIN	G ADDRES	S (Street I	nd Numb	er or Rural	Route Nurr	iber, City or To	wn, State, Z	ip Code)	
Marilyn B	. Dec	ker		5A 1	[,ee	Ter	rac	e. I	Cast	on, 1	MD.	21601	
20a. METNOD OF DISPOSIT			20b. PLACE	OF DISPO								- City or Town	
1 ☐ Burlel 2 X Cremeti 4 ☐ Donation 8 ☐ Othe	on 3.∐Refπ r(Spechy)	noval Ifom State	East	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sho	re	Cre	mato	rin	m G	eora	etowr	DE
21, SIGNATURE OF FUNER	AL SERVICE LI	CENSEE			22.	NAME A	NO ADDR	ESS OF FA	ACILITY			000111	
 										Home	е		
23. PART I, Enter the			RCERC						ryla		1		1.0
shock, or i	reart fellure.	List pnly pne ca	use on each lin	eitti. Do e.	not enter	tne mo	rae or a	ying, aud	on as car	CHAC OF THE	piratory a	rrest,	Approximate Interval Batween Onset and Death
diseese or condition resulting in death)	\rightarrow	. Cand	inc f	KVA	CT								min
		DUE TO	OR AS A CONSE	EOUENCE (OF):	ī			1	, .			
		. Seven		PIT	Ca	Loc	ie I	ma	LAU	tot	(3)		WKS
Sequentially list condi if any, leading to imme	ediete	OUE TO	OR AS CONSE	OUENCE	OF):								11.//-
CAUSE (Disease or Ini		· dehy	drabe	2									WKS
thet initieted events resulting in death) LAS		OUE YO	OR AS A CONSE	EOUENCE (OF):								
resulting in death) LA	"	d											
PART II. Other aignific	ent condition	na contributing to	death but not	reaulting	in the u	nderiyin	g cause	alven ir	Part I.	24a, WAS /	N AUTOPSY	24b. V	WERE AUTOPSY FINDINGS
delidia	the same		rentic	2/						111111111111111111111111111111111111111	DRMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE
010.0	- M	11. 40	1000110							1 TYES	2 A NO		OF DEATH?
MULIJOPE	7111	HIM										1	YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					28 D	LACE OF	DEATH /	heck only o	rael			
EXAMINER?		NOSPITAL:	☐ ER/Outpatient	9 [] 004	ОТНЕ	R:							
		1 Hammon 2		J L DUA	[4 LJ Nu	raing Non	тө 8 🔲 1	nesidenca	6 □ Oth	er (Specify)			

29a. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)

28b. TIME OF

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

28c. INJURY AT WORK?

1 YES 2 NO

28d. DESCRIBE NOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (MI ryn, Day, Year) MO 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

М

Investigation

8 Could not be determined

Ann H. Webb, 607 Dutchman's Lane, Easton, M.D. 21601

JAN 2 4 90 32. REGISTRAR'S SIGNATURE

28a. DATE OF INJURY (Month, Day, Year)

Continued to better

Discontra de cara de cara e permanente e sundendernan des josos an

arms with countries who

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

<i>J</i> .
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, HAMILTON	Last) ETHELBER	T BU	MON MON			TE OF DEATH NTH DAY YEAR JUARY 13, 1990 1:30				
4. SOCIAL SECURITY NUMBER 220-\(\frac{1}{2}2-2732\)	1 🔀 M 2 🗆 F 84	YRS.	F UNDER 1 YEAR DAYS DAYS	21 1 D 14 1				BIRTHPLACE (State or Foreign Country) ARYLAND		
98. FACILITY NAME (if not institution, ST. MARY'S N RESIDENCE OF DECEDER	URSING CENTE			RDTOWN	EATH		ST. I	MARY'S		
10a. STATE 10b. C	T. MARY'S		MECHANICSVILLE					10d. INSIDE CITY LIMITS? 1 VES 2 NO		
RT. 8 BOX			10f	20659			10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Addowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 (XNO DATES	If yes, sp	ENDENT OF HISPAI scify Cuban, Maxica 2 NO Specifi	in, Puerto Rice			RACE — American Indian, Black, Whita, atc. Specify: WHITE		
15. OECEDENT' (Specify only highes Elementary/Secondary (0-12) 11TH GRADE	S EDUCATION I grade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in FARM)	k done during mo etired.)			ND OF BUSIN	NESS/INDUST	RY		
17. FATHER'S NAME (First, Middle, Le ETHELBERT B				18, MOTHER'S NA MARY	GRAV		urname)			
19a. INFORMANT'S NAME (Type/Prin	H JOHNSON	RT. 8	BOX 1			CSVIL	LE,	MD. 20659		
1 X Burial 2 Cremation 3 4 Donation 5 Other (Specify	20b. PLACE OF DISPOSITION (Name of cometery, cromatory or 1 kBurlel 2 Cromation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cromatory or 20c. LOCATION — City or Town, State of Disposition (Specify) — Town, State of Disposition (Name of cometery, cromatory or 20c. LOCATION — City or Town, State of their place) MT . ZION METHODIST CEMETERY MECHANICSVILLE, MECHANICSVILLE, MATTINGLEY—GARDINER FUNERAL HOME, P.A. P.O. BOX 270, LEONARDTOWN, MD. 20650									
	s, or complications that cause flure. List only one cause on a	nach line.	enter the mo	de of dying, suc	h aa cardis	c or respira	story arrest	Approximate interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Die TO JOH AS	A CONSEQUENCE OF):						140		
PART II. Other significent cor	ditions contributing to death	but not resulting in	the underlyin	g cause given in		PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	CAL HOSPITAL: 1 Inpatient 2 ER/Out		THEB	ACE OF OEATH (C)		Specify)				
27. MANNER OF DEATH 1 Natural 5 Pendin 2 Accident Investig		28b. TIME (DF 28c. IN.				JURY OCCUR	ED		
3 Suicide S Could determ	building, etc. (Sp.	Y — Al home, farm, stri eclly)	eet, factory, offic		28f. LOCATI City or	ON (Street an Town, State)	d Number or i	Rural Route Number,		
(Orrock Orny	PHYSICIAN: To the best of my kno (AMINER: On the basis of examination							suse(s) and manner as stated.		
29b. SIGNATURE AND TITLE/OF CE	Seruh	· 4.)) ,	29c. LICENSE NU	MBER 506		29d. DATE SI	GNEO (Month, pay, Year)		
30. NAME AND ADDRESS OF PERS	on who completed cause of D De, M.D. Med	eath (ITEM 27) Type, P chanicsvil		yland 2	20659					
31. DATE FILEO (Month, Day, Year)	32. REGISTRABES SIG	son-Randell	le.							

-	
FOR STATE REGISTRA	AR
1. DECEDENT'S	NAI
4. 2020 - Section - 12	PITE \
90. FACILITY NA Carro RESIDENCE	
Maryla	
10e. STREET AN	DN
11. MARITAL STA 1 Never Merr 3 Wildowed	
Elementary/S	(Sp
Elementary/S	8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) Cletus Isaac Bowman	2. DATE OF DEATH DAY	23 90°	3. TIME OF DEATH 2:50 pm					
	4. SPOINT SECURITY MUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 F UNDER 1 YEAR IF UNDER 24 HRS. NOWTHS DAYSV HOURS MIN.	38 12 M 2 F 8 81 YRS. MONTHS DAYSV HOURS MIN. (Month, Dep. Yeer) /27/08 Country) 1-27-1908 Virgi							
TOR	Carroll County General Hospital RESIDENCE OF DECEMENT		Carr	Carroll					
DIRECTOR	Maryland Carroll 10c. CITY, TOWN OR LOCATION New Wi	ndsor		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 1038 Green Valley Rd.	1776		A. U.S.A.					
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divolced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO It yes, specify Cuben, Mexican It yes, apocify Cuben, Mexican It yes, Specify Cuben, Mexican It	n, Puerto Rican, etc.)	or No- 14. BAC	E - American Indien, ck, White, etc.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUS	INESS/INDUSTRY						
APLE	Elementary/Secondary (0-12) College (1-4 or 5+) salesman Refred WholeSales	wholes	ale meat						
		ME (First, Middle, Meiden S	Surneme)						
BE	Cornelius Bowman E11 196. INFORMANT'S NAME (TyperPrint) 196. MAILING ADDRESS (Street and Number or Flurel F	en Bowman Toute Number, City or Town	, State, Zip Code)						
2	Velma W. Bowman 1038 Green Valley Rd.	New Wind	sor, MD	21776					
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)		New Wind	lsor, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSES OF FAM atharise New Windsor	D.D. Ha . MD	rtzler 8	& Sons					
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such shock, or heart failure. List only one cause on each line.	n as cardiac or reapir	atory arrest,	Approximata interval Batween					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)			Onset and Death					
7	Due to low as a consequence of:			5 dans					
ATIO	Sequentially 11st conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.	site		0 00					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OR) d.			2 mm					
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24a. WAS AN / PERFORE		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
MEDICAL	- My porterior	NO	COMPLETION OF CAUSE OF DEATH?						
-				T TES 2 2 HO					
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:								
PHYSICIAN:	1	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	26t. LOCATION (Street a: City or Town, State)	nd Number or Rural	Floute Number,					
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the			(e) and manner as stated.					
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUM	18ER		Jon 96					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DEN AUD CEKEN D CCUIL								
	31. DATE FILED (MONTH), Day, 3009 90 32. REGETTAR STEINATURE Mandalls								

(4)

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRAR
_	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	REG	. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	+ 5.	Blocks			2. DATE OF DEA	TH	YEAR	3. TIME OF DEA	нти
			_	T	1	25	90	1:22	
214-03-3800	M 2 □ F	(In yrs. leet birthday) 85 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	July 2	0,1904	6. BIRT	Maryland	Foreign
Baltimore Count		pital	Randal	or location of d lstown	EATH		Balt:	imore	
ne. STATE 10b. COUNTY Md. Carrol	1		TOWN OR LOCA Sykesvi					10d. INSIDE CIT	
De. STREET AND NUMBER				1. ZIP CODE		10g. CI	FIZEN OF	1 TYES 2 WHAT COUNTRY?	-
7200 3rd. Ave	2. WAS DECEDENT EVER	IN U.S. MRMED	13. WAS DEC	21784 CENDENT OF HISPA	NIC OBIGIN? (Speci	fy Ves or No	I 14 BAC	U.S.A.	llen
Never Married 2 Married Widowed 4 Divorced	FORCES? 1 TYES	2 2 NO	If yes, sp	ecify Cuban, Mexico 2 ANO Specif	en, Puarto Rican, et	c.)	Spec	ck, While, etc.	
		Ilfe. Do NOT use	ork done during ma retired.)	ON ost of working		onstru			٧
7. FATHER'S NAME (First, Middle, Last)		Carp	enter	18. MOTHER'S NA	AME (First, Middle, M		Ctlo	Ω	
	rne Bleakl			Mary	Mar	shall			
Marshall B. Fra	antz	5700	Rusk Av	e., Balt	Poute Number, City of Md.	21215	ip Code)		
0a. METHOD OF DISPOSITION M Burial 2 Cremation 3 Remove	al from State	other place)				c. LOCATION -			10
□ Donation 5 □ Other (Specify)	BEE O	St. Thom	22. NAME A	nd Address of FA hardt Fu	ACILITY	wings	MILL	2111	17
disease or condition esuiting in death) a. Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury hot initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
esulting in death) LAST d. ART II. Other significent conditions	contributing to deeth	but not resulting in	n the underlyin	a cause alven in	Part I. 24e W	AS AN AUTOPS	24	b. WERE AUTOPSY	FINDH
Den ente	<i></i>				PE	ERFORMED?		AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	R TO
	OSPITAL:		26. P	LACE OF DEATH (C	heck only one)				
1 YES 2 HO 1 MANNER OF OEATH 1 A Williams 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		4 Nursing Hor OF 28c. IN JRY	JURY AT DRK?	8 Other (Specification of the Specification of the		CCUREO		
2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, ferm, si		YES 2 NO	28I. LOCATION (S City or Town,	Street and Numb State)	er or Rural	Route Number,	
check only one) 2 CERTIFIER (Check only one) 2 MEDICAL EXAMINER:								(a) and manner as	state
No. SIGNATURE AND TITLE OF CERTIFIER	un Ł			29c LICENSE NU	MBER /		TE SIGNE	D (Month, Day, Year	
EDMUNDATING	COMPLETED CAUSE OF D	forth (ITEM 27) (Type,	Print) Cene	e Kny	lo .				
1. DATE FILED (MONTH, Pay, 1997) 90	32. REGISTRA'S SA	rention-part	200						

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th. Page 6 may be n eral director, page 5	mina mitted ha n
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first feath. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the manifest are
ate be executed with sysician and complete prior to burial, crem	A PROPERTY AND ALL DATE OF
hat the death certific d by the attending pl and Mental Hygiene	mer interest or new
I: The law requires to cate has been signer state Dept. of Health	Mann 22 about a
TENDING PHYSICIAN OR: After this certific fter death with the S	O In managed and
HE HOSPITAL OR AT HE FUNERAL DIRECT 9d within 72 hours a	ACCRETE AL IN. A.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 16-90 PAY MYRTIS **BONHAM** 9:18AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign HOURS 249 86 2451 1 M 2 -F Aug. 15, 1899 South Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH PRINCE GEORGES CO. PRINCE GEORGES COUNTY GENERAL HOSPITAL DIRECTOR **CHEVERLY** RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland PG's Seat Pleasant 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 909 Crown Street 2002 U.S.A. 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES If yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 Naver Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 TNO Specify: Specify: Black BY 3 ₩ Widowed 4 Divorced ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8th Housewife none 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Squire Dozier Alice Bosket 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Anderson Peabody St., N.W. Wash., 20a. METNOD OF DISPOSITION
1™ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Fort 4 Donation 5 Other (Specify) Lincoln Cemetery Bladensburg, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 32. NAME AND ADDRESS OF FACILITY Lemuel R. Woodfork Funeral Home 000000 Emie North Capitol St. N.W. 23. PART I. Enter the diseases, or complications that caused til death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition_ Smoke and soot inhalation resulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? XXX INSPECTION 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Nome XXX Yesidence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED 1 Mo 1 6 2090 AMURY Subject in house fire 5 Pending 1 YES 2 NO A XXX Accident
3 Suicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Flural Route Number, 5909 Crown Street, Baltimore, MD COMPLETED 6 Could not be HOME 4 Homicida 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. (Check only one) 2 MANDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occurred at the time, data end pieca, end due to the cause(e) and menner as stated. 29d. DATE SIGNEO (Month, Day, Year)
1-17-90 SE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER OCME BE 2

HESD OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

James Kaplan, MD

31. DATE FILED (Month, Day, Year)

JAN 29 '90

July Davidson-Randale DHMH-16 Rev 1/89

111 Penn Street, Baltimore, MD 21201

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE	0F	MARYLAND	/ D	EPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
		C	EF	RTIFICATE	0	F DEA	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA			MENTAL HYG				
Į.	1. DECEMENT'S NAME (First, Middle, Last)					2. DATE OF OEAT	н		3. TIME OF OEATH	
,	Jennie Rober	ta	RD	OMLEY		MONTH	2 LJ	YEAR	12mid =	
- 1	4. SOCIAL. "TY NUMBER	· · · · · · · · · · · · · · · · · · ·		MOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	577-20-3634	1 M 2 TF	89 YRS. MON	THE DAYS	HOURS MIN.	(Month, Day, Yell 03/08/01		Country	Haven, CT	
	9s. FACILITY NAME (If not institution, give	street and number)		CITY, TOWN 0	R LOCATION OF OE		9c. COUNT			
œ	11114 Mountain V			Tioma	ville		Fre	eder	of old	
DIRECTOR	RESIDENCE OF DECEDENT						FL	edel	.ICK	
E	10e. STATE 10b. COUNT		10c. CITY, TO	WN OR LOCAT	ION			- 1	10d. INSIDE CITY LIMITS?	
	drif drawn	derick	Ija	msvill	e				1 YES 2 NO	
¥	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZ	EN OF W	HAT COUNTRY?	
FUNERAL	11114 Mountain				21754			S.A		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAN			14. RACE Black	- American Indian, , Whits, etc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES TE		2 NO Specify			Speci		
	15. DECEOENT'S EDU	ICATION	16a, DECEDENT'S USU	AL OCCUPATIO	N .	165 KIND O	F BUSINESS/INDU	IETDV	White	
	(Specify only highest grade	e completed)	(Give kind of work life. Do NOT use ret	done during mo:		IOU. KIND O	DOSINESSAINDO	Julia		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Bank Off	icer			Bank			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Dank OII	ICCI	18. MOTHER'S NA	ME (First, Middle, M.				
	Benajah Dyas					et Locker				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	RESS (Street a	nd Number or Rural I			Code)		
2	Patricia L. Chr:	istopher	11114 Mc	untain	View L	ane i	[iomesri]	110	MD 21754	
	20a, METHOD OF DISPOSITION	20b	PLACE OF DISPOSITIO				c. LOCATION — C			
1	1 Donation S other (Specify)		other place) Cedar Hill	Cemet	orn		Cui+1 or	-d	Massal and	
	21. SIGNATURE OF VINERAL SERVICE L)	22. NAME AN	D ADDRESS OF FA				Maryland	
	16. 6 K	1/200	(:	Franc	is Gasch	's Sons	Funeral	L Ho	me, PA	
	/ purc / r	1/9 con	the death Second		Baltimor					
	23. PART I. Enter the diseases, or shock, or heart fellure.	List only one cause on e		inter the mo	ae or aying, suc	n ss cardisc or	respiratory stre	est,	Approximats Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	a :	4						Onset and Death	
1	resulting in death)	B. Cardiac DUE TO (OR AS A	ischem.	a						
			1	1 12	0				>600	
O	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):	Ja	une				7010.	
Y.	cause. Enter UNDERLYING	If any, Isoding to Immediate cause. Enter UNDERLYING Lower according to the bleet							Zwko.	
FI	CAUSE (Diseese or injury that initieted events	,			,					
CERTIFICATION	resulting in death) LAST	, subdura	atomo	2				/mo.		
						F-1. T-1.				
¥	PART II. Other significant condition	ns contributing to death b	ut not resulting in t	he underlying	g cause given in		REFORMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8						1 U Y	ES 2 NO		OF DEATH?	
¥									1 TES 2 NO	
PHYSICIAN: MEDIC								Щ.		
Ö	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI THER:	ACE OF DEATH (Ch	neck only one)				
IYS	1 YES 2 NO	1 Inpetient 2 ER/Outp			Residence			NADEO.		
	1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	WC	YES 2 NO	280. DESCRIBE	10W INJURY OCC	DHEO		
BY	2 Accident Investigation		— At home, farm, stree			28/ LOCATION (Street and Number	or Burni i	Route Number	
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec		inc, rectory, orne		City or Town,		Or Filance .	TOBIC TENTON,	
	29s, CERTIFIER	AND THE RESERVE TO THE			V/V = 1 = 0.000	Street Wildowski		_		
COMPLETED	(Check only	SICIAN: To the best of my know								
8	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.									
BE	29b, SIGNATURE AND TITLE OF CERTIFI	" 15_1	1.0		29c. LICENSE NU	MBER)	29d. DATE	SIGNE	(Month, Day, Year)	
6	Dava Jul	BUDYMU		-	D36	101	/	- ol	0-10	
	30. NAME AND ADDRESS OF PERSON W	HU COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, Pri	(N)	TIL	10	PIC	- 4	7/7	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	/~ I · D .) 1011	nouse	Ma C) hu	205	
	JAN 29 '90	Je HEGISTHAN'S SIGN	son-Randall				fre	den	EE Med	
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Mr. H. Meill & B. Meinell, Of New Louising will, milely of control of the	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) William P. Bedsaul 2. Date of Death Month Day YEAR J. TIME OF DEATH P. JAN 24 1990 11:25 M								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 1 Nonths Day's Hours Min. 7. DATE OF BIRTH (Month, Day, Year) 1 NC 8. BIRTHPLACE (State or Foreign Country) NC								
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	HARTORD Memorial Hospital HAVRE de Grace HAVTORD								
IREC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?								
	MD Harford Aberdeen 1½ YES 2 □ NO 100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY?								
FUNERAL	301 Mayberry, Apt 203, Perrywoods Gdns. 21001 USA								
FU	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECENDENT OR HISPANIC OR HISP								
BY	3 Wildowed 4 □ Divorced FYES, GIVE WAR OR DATES 1 □ YES 2 White White								
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY								
IPLE	Elementary/Secondary (0-12) College (1-4 or 5+) (Ret) Manager Restaurant								
COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)								
BE	William McKinley Bedsaul 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town, State, Zio Code)								
8	Mr. & Mrs. Robert R. Mays 819 Walter Mill Road, Forest Hill, MD 21050								
A	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State								
	4 Donellon 5 Dother (Specify) Evergreen North Parkersburg, W VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	Mitchell-Smith Fnl Home, Havre de Grace, M Leavitt Funeral Home, Parkersburg, W VA								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.								
	IMMEDIATE CAUSE (Final Onset and Death								
	disease or condition resulting in death) a. Carcliaxes by ratory Chriest, resultited 2 weeks out to (or as a consequence of):								
N	Sequentially list conditions, b. Intersection Corebral anoxia + enlephalogisty 24								
CERTIFICATION	If sny, laeding to immediata cause. Enter UNDERLYING								
IIFIC	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):								
SER	reaulting in death) LAST								
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMPLABLE PRIOR TO								
MEDIC	Traclure of Right tenny with 1 yes 2 100 COMPLETION OF CAUSE OF DEATHS								
	Offen religion on 16 40.								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
PHYSICIAN:	1 Tes 2 To 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 3 Other (Specify) 27. MANNER OF DEATH 286. OATE OF INJURY 286. TIME OF 286. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED								
BY PI	1 Natural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation								
ED B	3 Suicide s Could not be determined 4 Homicide determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
ETE	no CENTEER								
COMPLET	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and menner as stated.								
	296. SIGNATURE-AND TITLE OR CERTIFIER 29d. DATE SIGNED (Month, Disk, Year)								
TO BE	angel & rooms, D05676 1/24/90								
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Thursday Completed Cause of Death (ITEM 27) (Type, Print) Alle Haure Completed Cause of Death (ITEM 27) (Type, Print)								
	31. DATE ELED (Month, Dev., Weer) , 32. REGISTRAR'S SIGNATURE								

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ending physician. as the burial-transit permit. Pages 1, 2, 3 should

1203-3146

MPLETED BY FUNERAL DIRECTOR

TO BE 00

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			NENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)	WW.	Bragg	٧.		2. DATE OF DEATH DAY	/99C	9:20 H
4. SOCIAL SECURITY NUMBER 219-05-0501	5. SEX 6. AGE (#	n yrs. lest birdhay	THE DAYS HOU	INDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 11/30/17	Coo	ATHPLACE (State or Foreign intry) irginia
98. FACILITY NAME (If not institution, give	atreet and number)	+ 1 H	CITY, TOWN OR LO	CATION OF OE		Harf	
RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT	NOTICE ITOP	10c. CITY, TO	WN OR LOCATION	2 014		73001	10d. INSIDE CITY
	ford	Abo	erdeen				1 VES 2 NO
100. STREET AND NUMBER 4 Liberty Stre	et		101. ZIP	21001		U.S.	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DECENOE	NT OF HISPANI Cuben, Mexican	IC ORIGIN? (Specify Yea o , Puerto Rican, etc.)	r No- 14. R/ Bl	A. a. A.
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S USU. (Give kind of work	done during most of v	vorking	16b. KIND OF BUSIN	· ·	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Carpente	,				
17. FATHER'S NAME (First, Middle, Last)		Carpence		MOTHER'S NAM	AE (First, Middle, Malden Sa	urname)	
Ballard Samuel B	ragg	19b. MAILING ADD			lae Osborn	State, Zip Code)	
Ethel Burkins					en name alla e a	21001	
20s. METHOD OF DISPOSITION 1 M Burlai 2 Cremation 3 Res	noval from State	place of disposition other place) untain Chi				ATION — City or	
21. SIGNATURE OF PUBLICAL DETRACEA		uncain Cin	22. NAME AND AD	DRESS OF FAC	CILITY	pa, Md	
* Keaum	Clarver				Funeral H 21001-33		.A.
23. PART ! Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Replications that caused in the cause on each cause on each cause on each cause on each cause on each cause on each cause on each cause of the ca		Fo	ilux	P		Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	C. BOOK TO (OR AS A	COMSEQUENCE OF):	nto ob	psfr	Aire P	Ulmo	nory
PART II. Other significant condition 1. Then ore 2. Abdom.		is 20 (A V ()			Part I. 24a. WAS AN A PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATH (Che	ock only one)		
1 🗎 YES 2 🗀 NO 27. MANNER OF DEATH	1 Inpetiant 2 ER/Outp		F 26c, INJURY		6 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED	
1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJURY	M 1 YES				
3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc., (Spec	— At home, farm, stree	t, factory, office		281. LOCATION (Street an City or Town, State)	nd Number or Ru	rel Route Number,
(Critick Orly	SICIAN: To the best of my know VER: On the basis of examination						se(a) and manner as stated.
296 SIGNATURE AND TITLE OF CHITTE	THO COMPLETED CAUSE OF DE	ATM SITEM 27) (Sizes Sole	D	ISTO	BER S	≥ // 2	(MD (Month, Day, Year)
31. DATE FILED (Morith, Day, Year)	KIM	308	S. Uu	Ton A	Tre. Hou	re d	e Grace, Mo
JAN 26'90	32. REGISTRAR'S SIGN	Managa					OHMH-18 Rev 1/89

RYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE INTERPORTATION OF VITAL RECORDS, P.O. BOX 13146, DIVISION OF VITAL RECORDS, P.O. BOX 13146, DIVISION SHARE THE PROPERTY OF THE FUNEFAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled in by the time be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to buriel, cremation, or removal IMPORTANT: If Hem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical example.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

, DECEDENT'S NAME (Firs	t, Middle, Last)	ROSEA	NN		BREIGH	NER	2. DATE OF DEATH	r 29,1	3. TIME OF DEATH
s. social security num 214-07-62		5. SEX 1 ☐ M 2 🎇 F	6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-13-		BIRTHPLACE (State or Foreign Country) MD
	ial Ho					or LOCATION OF D	EATH		y of DEATH legany
RESIDENCE OF DEC 00. STATE MD	10b, COUNTY	egany			TOWN OR LOC				10d. INSIDE CITY LIMITS? 14 YES 2 NO
5 Humbiro		t			1	01. ZIP CODE 21502			N OF WHAT COUNTRY?
1. MARITAL STATUS Never Married 2 Widowed 4 Div			NT EVER IN U.S. / I YES 2 DAAR OR DATES	ARMED NO	It yes, s		NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: White
15. DE (Specify on Elementary/Secondary (CEDENT'S EDUC bly highest grade (0-12)	CATION completed) College (1-4 or 5		(Give kind of wo	sual occupation done during in retired.)	nost of working		BUSINESS/INDUS	STRY
7. FATHER'S NAME (First, A	Joh	n R. Nix					Jenny L	. DeVau	
Mrs. Bet	ty Tho	mpson		1 Hel	Lman St	reet, La	Nale, MD	21502	
0a. METHOD OF DISPOSIT A Burlel 2 Crematit Donation 5 Other	on 3 🗆 Rem	11:	other	Diace)	Burial	Park AND ADDRESS OF FA	Cı	LOCATION — CH umberla	
> Jane	20 7	Scarp	elli		Scar	pelli Fur	neral Home		and, Md 21502
MMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi- f any, leading to immosuse. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LA:	etilone, pediate //ING	b. DUE TO	O (OR AS A CONS	SEOUENCE OF):	Leut	Disease		Onset and Des
PART II. Other eignific	ant condition	- 1//	o deeth but no		the underly	ing cause given in	PER	AN AUTOPSY FORMED? B 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpetlant	3 DOA	OTHER:	PLACE OF DEATH (C	heck only one) 8 Other (Specify)		
7. MANNER OF DEATH 1 X Netural 5 2 Accident	Pending Investigation	28s. DATE O	F INJURY Day, Year)	28b. TIME INJU	JRY V	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	REO
	Could not be determined	26a. PLACE (building	OF INJURY — At I, etc. (Specify)	home, ferm, at	treet, factory, of	fice	261. LOCATION (Str City or Town, St	eet and Number or tete)	r Rural Route Number,
anal anny							e to the cause(s) and e time, date and plece		l. cause(s) and menner as stated.
/ - U mz						29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)
29b. SIGNATURE AND TITL	M		JSE OF DEATH (I	TEM 27) (Type,	Print)	D 148	65	 	- 30 -90

ner must be notified at once.

	-4	10 HE.	.38
5	pocuted wit	and compi	natic ever
DIVISION OF VIEW PERCONDS, F.O. BOX 1214	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and commote filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to better, or	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event
1	CIAN: The lav	ertificate has the State Dep	or Item 23
	NDING PHYSI	t After this c	Is marked,
	AL OR ATTE	AL DIRECTOR	If Item 28
	TO THE HOSPIT	TO THE FUNERS be filed within 7	IMPORTANT:

1. DECEDENT'S NAME (FIN	RED	Mildred	Jrene		TISTA	DLA	1111	2. DATE OF DEATH MONTH		YEAR 90	3. TIME OF DEATN	
4. SOCIAL SECURITY NUM 2-15-64		5. SEX	6. AGE (In yrs. Ias 72		F UNDER 1 YEAR	IF UND	ER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year) NOV. 7, 1		e. BIRTHPLACE (State or Foreign Country) Maryland		
9a. FACILITY NAME (If not	institution, give a	treet and number)		- 1	b. CITY, TOWN	OR LOCA	TION OF D		9c. COUN			
Western Maryl	and Cente	er-1500 Pe	nn. Ave.		Hagers	town,	Maryla	and	Was	hing	ton	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d, INSIDE CITY		
Maryland		hington			gersto						LIMITS?	
10e. STREET AND NUMBE					<u> </u>	of. ZIP CO	DE		10g, CITI	ZEN OF	WHAT COUNTRY?	
324 Engle	wood Ro	ad				2	1740			S.A.		
1 Never Married 2 Married FORCES? 1 YES 2 NO						pecify Cui		NIC ORIOIN? (Specify Y an, Puerto Rican, etc.) fy:	os or No—	14. RAC Blac Spec	E — American Indian, ck, White, etc. c//y: White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) ()—8 16a. DECEDENT'S USUAL OCCUPATION (Glob kind of work done during most of working life. Do NOT use retined.) housewife												
17. FATNER'S NAME (First,	Middle, Last)					18. MC	TNER'S N	AME (First, Middle, Malde	n Surname)			
Н	arry L.	Heefner						nie M. Due				
19a. INFORMANT'S NAME	(Type/Print)							Route Number, City or To				
Mr.Joseph Vera 8200 Wise Avenue Apt 214, Bethesda, MD 20814												
20a. METNOD OF DISPOS CEBurlal 2 Creme 4 Donation 5 Oth 21. SIGNATURE OF FUNER	ion 3 Remer (Specify)		other pi	lece)		emet	ery Essoff		H FUN	own . ERAI	, Maryland L HOME	
23. PART I. Enter the	diseesea, or o	complications the	et coused the de	eath. Do no							Approximate	
ahock, or	heart fellure.	List only one ce			0				piratory or	 ,	Interval Between Onset and Death	
iMMEDIATE CAUSE (F disease or condition	inei	5) and	F	niles	72	-				Cho	
immediate Cause (Fine) disease or condition resulting in deeth) e. Peral Faulure Due to (on as a consequence of):								3 200				
if any, leading to imm	equentially list conditions, any, leading to immediate											
CAUSE (Disease or in that initisted events	CAUSE (Disease or injury											
PART II. Other algniff		a contributing to							ORMED?	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	70 14571041											
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:			heck only one)				
1 YES 2 NO		1 Lixinpatient 2	ER/Outpatient	20b. TIME		JURY AT	Rasidence	6 ☐ Other (Specify) 28d. DESCRIBE NOV	IN ILIEN OC	NIBED.		
1 Netural 5	Pending Investigation		Day, Year)	INJUI	RY V	YES 2	□ NO	Zou. DESCRIBE NO	INCOM! CC	DONED		
a 🖂 a 1914	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)											
and)								e to the cause(a) and me time, data and place,			(a) and manner se stated.	
29b. SIGNATURE AND TIT	lu 1	leura	Mis	•		29c, L	CENSE NU	9-90	29d. DAT	SIGNE!	0 (Month, Day, Year) -7/90	
30, NAME AND ADDRESS	0 1+N	O COMPLETED CAL	ORA-	EM 27) (Type, F	1500	8	em	sylvan	ia	A	e. Hager	
31. DATE FILED (Month, Da	'QA		AR'S SIGNATURE Davidson-A	and so				0			0	
		TINED!	NAME OF THE PROPERTY OF THE PR	WILLIAM								

		it permit. Pa	
203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Photo in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
BALTIMORE, MARYLAND 21203-3146	by the hospital or	be detached for	at once.
MAR	be retained	ge 5 should	e notified
MORE,	аде 6 тау	director, pa	er must b
BALTI	fter death. F	the funeral	al examin
	E HOURS 3	filled in by	the medic
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	xecuted within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BOX	rtificate be e	g physician iene prior to	ther traum
S, P.O	e death ce	the attendin Mental Hyg	jury, or o
CORD	quires that th	Health and	ows any in
TAL RE	The law red	te has been	em 23 sh
TIV 4C	HYSICIAN:	his certifica with the Sta	ted, or Its
SION	TENDING PI	DR: After th	8 is mark
DIVI	TAL OR AT	RAL DIRECT 72 hours a	If Item 2
	THE HOSP	THE FUNEI	MPORTANT
	1	-0	-

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAN 1 9 1990

FOR

1 - STATE REGISTRAR	SINIE UF	MANTLAND /	RTIF	ICATE O	F DEAT	H AND I		G. NO.		
1. DECEDENT'S NAME (First, Middle,	Last)						2. DATE OF DE	ATH		3. TIME OF DEATH
BESSIE Ire	ene	CI	INNT	NGHAM			JANUARY	y 18.	1990	7:45A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR			7. DATE OF BIR	тн	8. BIRTH	IPLACE (State or Foreign
N/A	1 □ M 2 🕅 F	88	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, 4-20-	1901	Mar	vland
9e. FACILITY NAME (If not institution,	give street end number)			9b. CITY, TOW	N OR LOCATIO	N OF DE			COUNTY OF D	
Memorial Hospi	to1			Cumber	land				11	
RESIDENCE OF DECEDEN	Ť								llegar	-
10a. STATE 10b. CC				Y, TOWN OR LO						10d. INSIOE CITY LIMITS?
Maryland All	egany		C.	umberl						1 X YES 2 NO
	C				101. ZIP COOE			10g		VHAT COUNTRY?
104 Decatur					2150				USA	
							HC ORIGIN? (Spe n, Puerto Rican, (/:		5— 14. RACI Blaci Spec	E — American Indien, k, While, etc. ////////////////////////////////////
15. DECEDENT'S (Specify only highest				USUAL OCCUPI		a	16b. KIND	OF BUSINES	S/INDUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5	+) #fe.	Do NOT u	se retired.)						
9		Но	usev	wife			Hon			
17. FATHER'S NAME (First, Middle, Las					16. MOTH	IER'S NA	ME (First, Middle,	Melden Surne	me)	
	Valentin						Colla			
19e. INFORMANT'S NAME (Type/Print)							Route Number, City		te, Zip Code)	
Daughter-Eliz	abeth Da			2 Wile						
209. METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3		other pla	(ce)	SITION (Name of					ON — City or To	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVI		_ Joaa I	rell	ows Ce	AND ADDRES	_		FILL	tston	e,Ma.
		1-						. 23	0 Bal	timore Av.
Crued (7. Riley	Mr.					Md. 21		o bai	CIMOIC IIV.
23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TO		OURNCE O		,		Les les			Approximate interval Between Onset and Daath
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	O (OR AS A CONSEC	DUENCE O	ቦ):						
PART II. Other significant con-	ditions contributing to	death but not r	yn d	/	/ing cause g	iven in		WAS AN AUTO PERFORMED YES 2 X P	?	D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC					PLACE OF O	EATH (Ch	eck only one)			
1 VES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER: 4 Nursing h	lome 5 🗆 Re	eldence	6 Other (Spec	offy)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investige		F INJURY Day, Year)	28b. TIA	JURY	INJURY AT WORK? YES 2] NO	28d. DESCRIBE	HOW INJUR	Y OCCURED	
3 Suicide 8 Could n 4 Homicide determin	or oe building	OF INJURY At ho i, atc. (Specify)	me, farm,	street, factory, o	ffice		281. LOCATION City or Town		lumber or Rural	Route Number,
The state of the s	PHYSICIAN: To the best of									e) and menner as stated.
29b. SIGNATURE AND TITLE OF CER	mench #	30			29c. LICE	NSE NU	MBER	294	L DATE SIGNED	(Monthy Day, Year)
	19th				D	193	318	>	1/1	8/90
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CA	USE OF DEATH (ITE	M 27) (Type	e, Print)					-	1
DR. N. RANJITHA 31. DATE FILED (Month, Day, Year)	32. REGISTE	L Hospita			Buildi	.ng	Cumber.	Land,	Md '	21502
IAN 1 9	1990 dilia	Trividson-A	andell	2						

_	age.		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	be fitted within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE (OF MARYLAND / DEPARTMEN CERTIFICAT			MENTAL	HYGIENE REG. NO.
1.4	040 - 17 6	S P.)	2. DATE O	

	1. DECEDENT'S NAME (First	, Middle, Last)			. 1	_	8			2. DATE OF D	EATH DAY	. /	YEAR	3. TIME OF DEATH	
	FREDERICH		H.	CAS	STOY	2	K.		1/17/90 855P M						
	4. SOCIAL SECURITY NUME		5. SEX		. last birthday)	F UNDER		IF UNDER		7. DATE OF B (Month, Day			8. BIRTNI	PLACE (State or Foreign	
	180-30-		1 3KM 2 □ F	7	8 YRS.	MONTHS	DAYS	HOURS	MIN.	9/06	5/11		,	MASS	
_		. FACILITY NAME (If not institution, give street end number)							ON OF DEA	ATN		9c. COUN	4.1		
DIRECTOR	HOLY CROSS HOSPITAL					STLVER SPRING, MONTO						WIGO	anor?		
EC	10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN O	R LOCAT	ION			_			10d. INSIDE CITY	
E	MD	mo	W760MBY	24		SI	LVE	PR	SP	RING	>			LIMITS? 1 YES 2 NO	
A	10e. STREET AND NUMBER						101	ZIP COOE				10g. CITI2	EN OF W	HAT COUNTRY?	
FUNERAL	10312	BRUN	SWIEK	AV	2			20	902	2			US	4	
5	11. MARITAL STATUS 1 Never Married 2	Mandad	12. WAS DECEDEN	T EVER IN U.S						C ORIGIN? (Sp , Puerto Rican		or No	14. RACE Black	- American indian, White, atc.	
B≺	3 Widowed 4 Divo		IF YES, GIVE Y	ÁR OR OATES					Specify:			- 1	Specif	Specify: WHITE	
	15. OEC	EOENT'S EOU	CATION		. OECEOENT'S	USUAL OC	CUPATIO)N		16b. KIN	O OF BUS	INESS/INO	USTRY	2011210	
E	(Specify onl	y higheat grade 0-12)	College (1-4 or 8	+)	(Give kind of life. Do NOT u	work done d se retired.)	uring mo	st of workin	g						
립			5+					F001	D & 1	DRUG	ADM]	NISTRATION			
COMPLETED	17. FATHER'S NAME (First, M							18. MOTH	HER'S NAM	AE (First, Middle	, Maiden S	Sumame)			
BE			CASSIDY,	SR.				SA	RAH	J. H.	ARDA	CRE			
2	19a. INFORMANT'S NAME (***	(CON)							oute Number, C				77 AND 20001	
	PAUL F. CASS		(SON)	001 01						SILVER				ZLAND 20901	
	1 Sp Buriel 2 Crematic	on 3 🗌 Rem	oval trom State	OIA	er place) ST. JO	HN ¹ S	CEM	ETER	mitory or V			EST (MARYLAND	
	21. SIGNATURE OF FUNERA		CENSEE	014,	D1. 00	22.1	IAME AN	O ADDRES	SS OF FAC	CILITY		•			
	► ()	11.0.1	11/1/	0		FRA	MCI	S J.	COLI	LINS F					
\dashv	23. PART I. Enter the d	Wenner or	complications the	190X	deeth Do									Approximate	
	shock, or h	aart feliure.	List only one cau					ac c. ay.			or reapin	atory on		Interval Between Onset and Deeth	
	disease or condition (*ARDIO DIA APPS CT														
	e														
z	Samuellini liet conditions The COIDM ADCESS														
읟	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CANCER with														
2	cause. Entar UNDERLY CAUSE (Disease or inju		a FICO	RH K	NSEQUENCE O	U	> 10	<u></u>	CH	NEZ	K	MI	~		
Ë	thet initiated eventa resulting in death) LAS	т	C	+ M	NSEOUENCE O	itta	in								
CERTIFICATION		-	d CVUA	1/1	ne re	when									
	PART II. Other significa	ent condition	e contributing to	death but n	ot resulting	in the un	derlying	ceuse (given in F	Part I. 24a	. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICAL										10	YES 2	₩ NO		COMPLETION OF CAUSE OF DEATH?	
ME										_				1 TYES 2 NO	
Ä													\perp		
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	1 5000		OTHER	t:			ck only one)					
HYS	27, MANNER OF OEATN		28a. DATE OF	INJURY	28b, TIR	AE OF	28c. INJ	URY AT	reldence (6 Other (Spe 28d. OESCRIE		JURY OCC	UREO		
		Pending Investigation	(Month, E	lay, Year)	IN	JURY M		RK7 (ES 2	NO						
) BY	2 Accident 3 Suicide 8	Could not be	28e. PLACE (F INJURY I	At home, tarm,	street, facto	ory, offic			281. LOCATIO	N (Street a	nd Number	or Rurel R	oute Number,	
TED	4 Homicide	determined	Conting	are: (opocity)			r			City of 10	wii, State)				
2	29a. CERTIFIER (Check only	TIFYING PNYS	ICIAN: To the best of	my knowledge	e, death occur	red at the ti	me, date	and place	, and due I	to the cause(a)) and man	ner as state	ed.		
COMPLET	ana)	ICAL EXAMINE	ER: On the besia of e	xamination an	d/or Investigati	on, in my o	pinion, d	enth occur	red at the t	time, date and	place, and	due to the	e cause(a)	and manner as stated.	
EC	296. SPRINTURE AND THE	OF CERTIFIE	n					19c LICI	ENSE NUM	BER . 1 2		29d. DATE	SIGNED	(Manth Day, Year)	
0	1	W	ww	~				D.	-08	547		>	113	X/90	
2	30 HAME AND ADDRESS O	F PERDON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (7)(p)	s. Pisito							1		
- 1	JOHN MERE	NAT THE	31 5 1	701 DA	MIDOT DE	DOAT	11	216	DOO	UUTITE	3.6 4	DAZE A B	TD O		
	THE RESERVE OF THE PERSON NAMED IN	_			NDOLPH	KUAL	J , 11	210,	KUU	VATETE	, MA	KYLAI	אט צו	0852	
	31. DATE FILEO (Month, Day,	_	32 REGISTR	R'S SIGNATU			J , 11	210,	RUCI	KVILLE	, MA	KYLAI	ND 20	0852	

CALLINOTE, MAIN EAND 51505-5140	24 hours after death. Page 6 may be retained by the hospital or attending physicien.	filled in by the funeral director, page 5 should be detached for use as the burial-transion, or removal.	the medical examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filed within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF M	ARYLAND /		TMENT O			MENTA	L HYGIENI				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATN	,	YEAR	3. TIME OF DEATH	
	SANDRA ANN	The second second second	ROASMUN					01	15	90		22:10pm M	
	4. SOCIAL SECURITY NUMBER 208-26-5565	5. SEX 1 M 2 X F	6. AGE (In yrs. lest	YRS.	IF UNDER 1 YE	YS HOURS		DEC	6 1932		PEN		
TOR	9a. FACILITY NAME (If not institution, give SACRED HEART HO: RESIDENCE OF DECEDENT					NN OR LOCAT RLAND	TON OF DE	EATH		9c. COUN	EGAN		
DIRECTOR	10e. STATE 10b. COUNT				Y, TOWN OR LO					10d. INSIDE CITY LIMITS? 1 YES 2 K NO			
	10e. STREET AND NUMBER	<u> </u>		0011		10f. ZIP COL	DE			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	202 SUNSET DRIV					2150					5.A.		
BY FU	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES				DECENDENT I, specify Cub YES 2 X NO	an, Mexica	n, Puerto	N? (Specify Yee Rican, atc.)	or No-	14. RACE Black Speci	E — American Indien, k, White, stc.	
	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	(Gi	ve kind of v	USUAL OCCUI	PATION g most of work	dng	168	, KIND OF BUS	INESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 HOUSEWIFE							HOUSEW	TEE			
OM	17. FATNER'S NAME (First, Middle, Last)						TNER'S NA	ME (First,	Middle, Malden		· · · · · ·		
BE C	JOHN McFARLAND						MARY						
10	190. INFORMANT'S NAME (Type/Print) DALE F. CROASMUN 190. MAILING ADDRESS (Street end Number of Rural Route Number, City or Town, State, Zip Code 202 SUNSET DRIVE CUMBERLAND, MARYLAND									Code)	21502		
	20e. METHOD OF DISPOSITION 1	noval from State	20b. PLACE other pla MARIEN	ice)		TERY			MARI	ENVII		PENNA.	
The state of	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE .	+						NERAL		NTD.	MADAT ASTD	
	23. PART I. Enter the disesses, or											MARYLAND Approximata	
	shock, or heart failure. IMMEDIATE CAUSE (Final	. List only one cau	se on aach lina.	•	00	7					2	Interval Between Onset and Death	
	disease or condition - s. Metastatic Cuplangio Caru war with 5-60									5-6 us.			
		DUE TO (OR AS A CONSEQUENCE OF):									b liver		
101	Sequentially list conditions, If any, leading to immediate Due to (or/As a consequence,of):												
CERTIFICATION	CAUSE (Disease or Injury that initiated events												
H	that initiated events resulting in death) LAST												
	PART II. Other significant condition	ons contributing to	death but not n	esulting	In the under	iying cause	given in	Part I.	24a, WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS	
MEDICAL			ALLO STATE OF			COLT OUT			PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEC												1 YES 2 NO	
AN:													
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outpatient 3	□ DOA	OTHER:	6. PLACE OF							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, Do	INJURY	26b, TIM	7	. INJURY AT WORK?			SCRIBE NOW II	NJURY OCC	CURED		
BY	1 Accident 5 Pending Investigation		F IN H IPM A. A.	100	M 1	YES 2	□ NO						
TED	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At ho etc. (Specify)	me, ferm,	street, factory,	office			CATION (Street e or Town, State)	nd Number	or Rurel I	Route Number,	
COMPLETED	anal and	SICIAN: To the best of NER: On the basic of ex										e) and manner ee stated.	
BE	296. SAGNATURE AND TITLE OF CERTIFIC	Mel	eau	22	129	29c. LI	CENSE NUI	MBER 52	6	29d, DATI	E SIGNED	6-90	
2	DR. JOHN MEHANNA		SETON	, , , ,	,	LAND,	MD.	2150)2				
	JAN 1 7 1990		R'S SIGNATURE										

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

EDGARH. LEVIN, man 980 Ge

31. DATE FILED (Month, Day, Year)

JAN 18 90

32. REGISTRAR'S SIGNATURE

JAN 28 90

Guna Davidson Rended

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funeral dil	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at unce.
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	1 - FOR REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	_			
		JE WHI				2. DATE OF DEATH DO	1 9			
	014-38-9010	□ M 2 □XF	38 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-02-19		BIRTHPLACE (State or Foreign Country) Florida		
TOR	98. FACILITY NAME (If not Institution, give street SHADY GROVE AD RESIDENCE OF DECEDENT		OSPITAL		ILLE	ATH		TGOMERY		
DIRECTOR	10e. STATE 10b. COUNTY	aomerv	10c. CITY	town or Locat	ION			10d. INSIDE CITY LIMITS? 1YES 2 NO		
FUNERAL	124 East Deer P			10f.	ZIP CODE 20877	7		ed States		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO TES X	If yes, spe		IC ORIGIN? (Specify Year, Puerto Rican, etc.)	Bleck, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C	N st of working	16b. KIND OF BU	Home	ТНҮ					
BE COM	4 Homemaker									
TO B	190. INFORMANT'S NAME (Type/Print) William C. Coman 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20877 124 East Deer Park Drive Gaithersburg, Md.									
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Removal 4 Donation 6 Other (Specify)	i from State	PLACE OF DISPOS other place) MT. Au		emetery			ge, Ma.		
	21. SIGNATURE A PRIMERAL RETRYCE LICENSE	tab an		10 E	ast Dee nersbur	r Park D g, Maryl	Fune rive and 2	ral Home		
	23. PART I. Enter the diseases, or compilications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel									
	disease or condition resulting in death) a. PESP, Retter, ARREST DUE TO (OR AS A CONSEQUENCE OF): PUR LACAGE TO LOCAL							5 may		
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (00 40 4	CONCEONENCE OF		astime(5368	(6 rues		
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST		CONSEQUENCE OF		H DICE			Cot		
MEDICAL	PART II. Other algorificant conditions of	ontributing to death bu	It not resulting i	the underlying	g cause given in	Part I. 24a, WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:		IOSPITAL:	atlent 3 DOA	OTHER:	ACE OF DEATH (Chi					
ву РН	27. MANNEB-OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	M 1 1	RK? /ES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCU	RED		
8	3 Suicide 6 Could not be defermined 28a. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, larm, street, factory, office City or Town, State) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	one)	N: To the best of my knowled On the beste of examination						cause(s) and manner as stated.		
TO BE C	29b. BIGHAPPINE AND TITLE OF CERTIFIER	ı.			29c. LICENSE NUN			SIGNED (Month, Day, Year)		
	30 NAME AND ADDRESS OF PERSON WHO C			M. 1. 11						

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32. REGISTRAN'S SIGNATURE
Julia Davidson-Randell

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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The state of the	RA		rt									
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The information of deposition of the constitut	MPL		4	Housewif	е							
The information is name (Type Print) The Maling address (Brown and Mambor or Plant Paulin Number, Cay or Rown, State, 2p Coots) Same as \$1.0								Surname)				
Salite as \$1.00				19b. MAILING ADD	RESS (Street as			vn, State, Zip Coo	de)			
DOBUSTION & Considerable and the properties of t	۲	Fred Grena		Same as	#10							
21. SIGNATURE OF FINEMAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22.22 WISC. Ave., N.W., Wash. D.C. 20007 23. PARTY Frifet the diseases, or complications that faused the death. Do not anter the mode of dying, such as cerdice or respiratory strest, indicated by the control of th		1XXBurial 2 ☐ Cremetion 3 ☐ R	temoval from State	other place)								
2222 Wisc. Ave., N.W., Wash. D.C. 20007 22. PARTY Enfort the diseases, or complications that found the death. Do not enter the mode of dying, such as cerdice or respiratory street, instendible instendible of the control of the con												
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Deep to the control of the control o	NOI	interval Between IMMEDIATE CAUSE (Final disease or condition resulting in death) Sudden Hypotensive episade consistent with sente massive pulmonary Due to (or as a consequence of): embolus										
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS AN AUTOPSY PREPROMEDY 1	ERTIFICAT	couse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa CAUSE (Olsesse or Injury CAUSE (Olsesse or Injury CAUSE (Disease or Injury										
Completion of Can operative diesertative atheritis				ut not resulting in the	a underlying	csuse given in			24b. WERE AUTOPSY FINDINGS			
25. WAS CASE REFERRED TO MEDICAL SEXAMINERS 26. PLACE OF DEATH (Check only one)									COMPLETION OF CAUSE			
28. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO		,		enerative arti	hritis		_		1 _ YES 2 _ NO			
2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (State) 28f. LOCATION (State) 28f. LOCATION (Sta	AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chi	ack only one)					
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3 Suleide 4 Homicide 6 Could not be detarmined 200. PLACE OF INJURY — At home, farm, street, factory, office 201. LOCATION (Street and Number or Rural Route Number, City or Town, State) 292. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 295. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BYPL D, JOHNSON M.D. 911 RUSSCH AVENUE 6 a the rishurg Md. 20879 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JAN 18'90 32. REGISTRAR'S SIGNATURE JAN 18'90 32. REGISTRAR'S SIGNATURE		1 Natural 6 Pending	(Month, Day, Ybar)	INJURY	M 1 🗆 Y	RK7 ES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED			
296. SIGNATURE AND TITLE OF CERTIFIER By D. Johnson M.O. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) BY LL O. JOHNSON M.O. 911 Russell Avenue 6 a thersburg Md. 20879 31. DATE FILED (Month, Day, Your) JAN 18'90 32. REGISTRAR'S SIGNATURE JUNE JANGE AND TITLE OF CERTIFIER (Month, Day, Your) JAN 18'90 JAN 18'90 32. REGISTRAR'S SIGNATURE			building, etc. (Spec	— At home, farm, street,	, factory, office				Rural Route Number,			
296. SIGNATURE AND TITLE OF CERTIFIER By D. Johnson M.O. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) BY LL O. JOHNSON M.O. 911 Russell Avenue 6 a thersburg Md. 20879 31. DATE FILED (Month, Day, Your) JAN 18'90 32. REGISTRAR'S SIGNATURE JUNE JANGE AND TITLE OF CERTIFIER (Month, Day, Your) JAN 18'90 JAN 18'90 32. REGISTRAR'S SIGNATURE	OMPLE	(Check only							suse(s) and manner as stated.			
BYRL O. JOHNSON M.D. 911 Russell Avenue, Gaithersburg, Md. 20879 31. DATE FILED (MORTH, Day, Year) JAN 18'90 Junia Savidson-Randose	BE		FIER M.O.	40					A Comment of the Comm			
JAN 18'90 Julia Tavidson Randose	T	BYRL O. JOHN.	son m.o. 91	11 Russell	Avenue	, Gaithe	rsburg, Mol	2087	9			
					00		7.		OHMH-16 Rev 1/89			

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3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

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9:00

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20904

4 SOCIAL SECURITY NUMBER

217-08-7873

9a. FACILITY NAME (If not institution, give street and number)

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5. SEX

CHOPPALA

MONTHS

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9b. CITY, TOWN OR LOCATION OF DEATH

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DAYS

8. AGE (In yrs. last birthday)

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YEAR

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9c. COUNTY OF DEATH

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

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1 SERTIFYING PHYBICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

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whia Davidson Randall

32. REGISTRAR'S SIGNATURE

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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2 💆 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

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31. DATE FILED (Month, Day,

29b. SIGNATURE AND TITLE OF CERTIFIER

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hours after death. Page 6 may be

the funeral director.

the attending physician and completely filled in by it Mental Hygiene prior to burial, cremation, or remo

certificate has been signed by the State Dept. of Health and

BALTIMORE, MARYLAND 21203-3146

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29d. DATE SIGNED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	h cer	Hydi	0 10
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detay be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	MI
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	1 - STATE REGISTRAR		CERTIFI	CATE (OF DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	H DAY .	WEAR	3. TIME OF DEATH		
1	Charlot	te E. Crova	month /	MONTH DAY SEAR 930							
- 1		SEX 6. AGE (IF UNDER 1 YE	7. DATE OF BIRTH		6. BIRTI	HPLACE (State or Foreign				
	112 07 0063	□ M 2XXF	72 YRS.	MONTHS D	YS HOURS MIN.	(Month, Day, Yes		Count			
ļ	112-07-8963 '' Se. FACILITY NAME (If not institution, give street	and aumbert	12	Ob COTTY TO	WN OR LOCATION OF	March 4		Ne INTY OF D	w York		
~		and nomony	- 1	96. GITT, 10	WH OR LOCATION OF	DEATH	96. CO	JATT OF L	ZEATH		
ē l	Suburban Hospital			Beth	esda, Mar	yland	Mon	tgom	ery		
ច្ឆ [RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		10c CITY	TOWN OR I	OCATION				10d. INSIDE CITY		
Maryland Montgomery Potomac									LIMITS?		
									1 TES 2XXXX		
₹	10a. STREET AND NUMBER				10f. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?		
	12904 Missionwood	-			20854			-	States		
FUNERAL		WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS	DECENDENT OF HISP s, specify Cuban, Mexi	ANIC ORIGIN? (Specifican, Puerto Bican, etc.	y Yee or No-	14, RAC Blac	RACE — American Indian, Black, White, etc.		
ВУ	1 Never Married 2 Married 3 XXVIdowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2X XNO Spe		,	Spec			
								W.	hite		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON (pleted)	16a. DECEDENT'S (Give kind of w	rork done durli	PATION og most of working	16b. KIND OI	F BUSINESS/IN	DUSTRY			
Щ	Elementary/Secondary (0-12)	ollege (1-4 or 5+)	ille. Do NOT use	e retired.)							
٥	12	_	Homemak	er		Own	Home				
ő l	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S I	NAME (First, Middle, Mi	siden Surneme)				
	not Avai	lable			Ruth	McGowan					
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	reet and Number or Run		r Town, State, Z	ip Code)			
임	Robert R. Crovatto	Tr	12004	Miaa	i because	n Dohom	- M-		m 4 000 F 4		
					of cemetery, cremetory of		c. LOCATION -		nd 20854		
	20a. METHOD OF DISPOSITION 1 Burtal 242 Cremation 3 Removal	from State	other place)								
	4 Donation 5 Other (Specify)		ntgomery	Crem	atorium,	Inc.	Bethes	da,	Maryland rey Funeral		
	21. SIGNALURE OF PUNEFIAL SERVICE LICENS	7		Hom.	e/Bethesd	a-Chevy C	t A. P base.	umpn.	rey Funeral		
	Naviel E.	esu.	M00803						yland 20814		
\Box	23. PART I. Enter the diseases, or com	plications that cause	the deeth. Do n						Approximate		
	shock, or heart feilure. List	only one cause on e	ach ilne.	. /		,			Interval Between Onset and Death		
	iMMEDIATE CAUSE (Final disease or condition	1 mide	111111	1 L	· Ita	Par e			IDAY		
	resulting in death) s	arau	CONSEQUENCE OF	0 10	as vaca	are			1377		
		Sal Amend	13/2/	1. 6	7 a Chil	moxar	1)	seas	2 12 40		
징	Sequentially list conditions, b	Corre	CONSEQUENCE OF	uc / u	re pue	morace	y or	Je se di	(10/Km)		
Ĕl	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	·):							
ا ق	cause. Enter UNDERLYING CAUSE (Disease or injury										
<u></u> ⊨	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	-):							
CERTIFICATION	d.										
	PART II, Other fignificant conditions to	pritributing to death b	ut not resulting i	n the unde	rlying cause given	in Part i. 24n. W	S AN AUTOPS	24	b. WERE AUTOPSY FINDINGS		
S S	1900 1	wal, to	18450			PE	REORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ᅙᅵ	01- 04	1/2 L	7	70	115	1 🗆 Y	ES 2 NO		OF DEATH?		
岁	Certerio selevate	Neur	Just a	se E	CHI		/		1 TYES 2 NO		
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			26. PLACE OF DEATH	Check only one)					
<u>s</u>	1 TES 2 NO 1		oatlent 3 🗆 DOA	OTHER:	Home 5 - Residence	e 6 Other (Specify	1)				
ΞĮ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 26 URY	c. INJURY AT WORK?	28d. DESCRIBE H	IOW INJURY O	CCURED			
	1 Natural 5 Pending Investigation	(WOTH, Day, Your)	1100		YES 2 NO						
B	2 \ Accident \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	28e. PLACE OF INJURY	— At home, ferm, s	street, factory	office	28f. LOCATION (S		er or Rural	Route Number,		
COMPLETED	4 Homicide determined	building, etc. (Spe	city)			City or Town,	State)				
<u> </u>	29a. CERTIFIER	1						_			
린	(Check only	N: To the best of my know							NAME OF THE PARTY		
ő	2 MEDICAL EXAMINER: C	On the basis of examination	n end/or investigatio	n, in my opin	ion, death occured at	the time, date end pla	ce, end due to	The cause	(a) and manner se stated.		
<u>ш</u>	296. SIGNATURE AND TITLE OF CHITTERS	1	///	1	29c, LICENSE I	IUMBER /	29d. D/	KTE SIGNE	D (Moyen, Day, Year)		
0	/ veusity of	Cruses	nul)	D12	504		1//2	8/90		
임	10. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (TVD8	Brint) r		10 1	2	1.	1 - 1		
	HENRY (SCRUG		T4/3	(Jack	NA R	e theredo	hur	15	10814		
			U / / W	-प्था	ha J		- / / / /		/		
	31. DATE FILED (Month, Day, Year) JAN 22 190	32. REGISTRAR'S SIGN	Son-Rande								
	UNIT (C MI)	The work with	COOM-Mande	VIC							

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once.

	FOR 1 - STATE REGISTRAR	STATE OF	WARYLAND /		TMENT					IENE NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEA	TH		3. TIME OF DEATH	
	JOSEPH	Α.		CROW	E Jr				Jan.	2.1	90	06:55 PM M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1		IF UNDE	R 24 HRS.	7. DATE OF BIRT	Н	8. BIRT	HPLACE (State or Foreign	
	214-01-0169	% M 2 □ F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan 7		Coun	Md.	
	9a. FACILITY NAME (If not institution, give s	-2.4			9b. CITY,	TOWN C	R LOCAT	ION OF DI			UNTY OF		
R	Cumberland N	unging	Homo		0	22002	7	and			110	00 NTT	
5	RESIDENCE OF DECEDENT	ur.s.riig	nome			um	ei.T	.amq		E	TTTG	gany	
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OF	LOCAT	TION					10d. INSIDE CITY LIMITS?	
0	Md. Al	legany			Mt.	Sa	vag	.0				1 XYES 2 NO	
AL	10e. STREET AND NUMBER						ZIP COD			10g. C	TIZEN OF	WHAT COUNTRY?	
FUNERAL	Box 111, F	oundry	Row				21	545			U.S	- A -	
S	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. AR	MED			ENDENT	OF HISPAI	NIC ORIGIN? (Spec		14. RAC	E - American Indian.	
	1 Never Married 2 Morried	IF YES, GIVE	MAR OR DATES	10			2 NO		in, Puerto Rican, et V:	(C.)	Spec	ok, White, etc.	
ВУ	3 Wildowed 4 Divorced	<u> </u>	•				32					hite	
ED	15. DECEDENT'S EDU (Specify only highest grade		16e. DE	CEDENT'S	USUAL OC	CUPATIO	ON est of work	lna	16b. KIND C	F BUSINESS/II	NDUSTRY		
Ш	Elementary/Secondary (0-12)	College (1-4 or 5	Blue.	Do NOT u	se retired.)								
MP	10			Pest	Ran	ge	One	rate	or Bal	listi	CS		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middle, N	falden Surneme)			
BE	Joseph A. C:	rowe Sr					M	art	na Virg	inia	Kir	by	
10	19e. INFORMANT'S NAME (Type/Print)		196	b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural	Route Number, City	or Town, State, 2	Zip Code)		
-	Doris B. Crow	3		Box	11,	Fo	und	ry I	Row, Mt	. Sav	age	Md. 2154	
	20s, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removel from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State												
	4 Donation 6 Other (Specify) St. George Cemetery Mt. Savage, Md.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	hopen !	Stol	~		D	urs	t F	une	ral Hon	ie, Fr	osti	burg. Md.	
	23. PART I. Enter the diseases, or	complications th	at caused the de	ath. Do								Approximate	
	ahock, or heart fallurs. List only one cause on each line.												
	IMMEDIATE CAUSE (Finel disease or condition	Arit	= D	O V	vatory Sailura							Onset and Death	
	resulting in deeth)	The state of the s						24.493					
_		Cear	O (OR AS A CONSE	LEM		1/2	7	1-	and de	rease		Ye and	
CERTIFICATION	Sequentially list conditions,	D	OR AS A CONSE			103	cuc	7000	000				
AT	If any, leading to immediate cause. Enter UNDERLYING												
FIC	CAUSE (Disease or injury that initiated events	OUE TO	OR AS A CONSE	OUENCE O	F):								
R	resulting in deeth) LAST	4											
											-		
AL	PART II. Other significant condition		14 AL	dubi	In the und	deriyin	g cause	given in		AS AN AUTOPS ERFORMED?		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
DIC	Organie	Brain	2 1.10	2000	na				1 🗆 1	ES 2 NO		OF DEATH?	
ME												1 TYES 2 NO	
ä													
SIA.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					-	LACE OF	DEATH (C	neck only one)				
SIC	1 TYES 2 NAO	HOSPITAL: 1 Inpatient 2	☐ ER/Outpetient 3	DOA	4 Linurs		10 5 D E	lesidence	6 Other (Special	(y)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	26e, DATE O	F INJURY Day, Year)	26b. Tis	NE OF JURY	28c. INJ	URY AT		28d. DESCRIBE	HOW INJURY O	CCURED		
ВУ	1 Netural 6 Pending 2 Accident Investigation	L. Janes	,		М		YES 2	□ NO					
	3 Suicide 6 Could not be	26e. PLACE	OF INJURY - At he	ome, ferm,	street, facto	ry, offic	:0		281. LOCATION (City or Town,		per or Rural	Route Number,	
I	4 Homicide determined		1-6-29:11						Jy Gr 10W11	,			
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	f my knowledge, de	eath occur	red at the ti	me, date	and plac	e, and du	to the cause(s) as	nd manner as s	tated.		
MC	anal and											(e) and manner es stated.	
	200. SIGNATURE AND TITLE OF CERTIFIE	34					29c. LIC	ENSE NU	MBER	29d. D	ATE SIGNE	D (Month, Day, Year)	
BE	July how							327	8.7		1/2		

286. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER
033200 29d. DATE SIGNED (Month, Day,

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mem. Medical Bldg., Cumberland, Peter Halmos, M.D.,

31. DATE FILED (Month, Day, AN 2.5 1990 32. REGISTRAR'S SIGNATURE 23

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BALTIMORE, MAI

as the burnal-transit permit. Pages 1, 2, 3 should

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notilited and TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 after be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

GIOVANNI MASTRANGELO,

M.D.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE OF MA		DEPARTME RTIFICA			ENTAL HYGIEN REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)							YEAR 10:00	1			
- 1	BROOK MFL VIN CRITES 4. SOCIAL SECURITY NUMBER 5. SEX 8							B. BIRTHPLACE (State or Forel				
	217-10-1423 1 □XM 2 □ F	70	AUG. 9,1	Country) WEST VIRGINI								
	9a. FACILITY NAME (If not Institution, give street and number)			,	OR LOCATION OF DEA	TH		OF DEATH				
0	715 VIRGINIA AVENUE			UMBER	RLAND		ALLE	GANY				
DIRECTOR	100. STATE 100. COUNTY MARYLAND ALLEGANY		10c. CITY, TOW	N OR LOCAT				10d. INSIDE CITY LIMITS? 1X YES 2 NO	0			
	10e. STREET AND NUMBER		00110		, ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?				
EB/	715 VIRGINIA AVENUE				21502		USA					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 X X Y dowed 4 Divorced	EVER IN U.S. AR YES 2 N OR DATES	MEO IO	If yes, sp	ENDENT OF NISPANI ecity Cuben, Mexican, 2 NO Specify:	C ORIGIN? (Specify Ye, Puerto Rican, etc.)	or No-	14. RACE — American Indien, Black, White, etc. Specify: WHITE				
03	15, DECEDENT'S EDUCATION	16a. DE	CEDENT'S USUAI	OCCUPATION	ON	18b. KIND OF BU	SINESS/INDU	STRY	-			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) UN KNOWN College (1-4 or 5+)	llfe.	ve kind of work do Do NOT use retire	d.)	st of working	B & O	DATID	OAD				
OM	17. FATHER'S NAME (First, Middle, Last)	IOAN	INSLEGI	OIL	18. MOTHER'S NAM	IE (First, Middle, Maiden		WAD				
BE C	GEORGE AMOS CRITES				SALLY (SEORGE						
	19e. INFORMANT'S NAME (Type/Print)	190			and Number or Rural Ro	oute Number, City or Tox						
2	RICHARD CRITES		688 GEP	HART	DRIVE-CUN	MBERLAND,	MARYL	anD 21502				
	20c. METHOD OF DISPOSITION 1XXBuriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) OLIVER GROVE CEMETERY OLDTOWN, MARYLAN											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME A	NO AODRESS OF FAC	ILITY						
- 4	rende O Gorhung					CUMBER						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only Dne cause on each line. MAMEDIATE CAUSE (Fine) Onset and Death											
	disease or condition resulting in death)		IN	FARCT	ion		5 Mi	' ~				
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	H AS A CONSE	ZUENCE OF):									
FIC	CALISE (Disease or Injury C.	R AS A CONSE	QUENCE OF):									
E	resulting in death) LAST											
2	PART II. Other significant conditions contributing to d	anth had not a	neulties is the	do.do.do.do	- cours about to f	Part I. 24s. WAS AF		24b. WERE AUTOPSY FINE				
CAL	FAIT II. Out agricultura contributing to u	ootii bat iiot i	esunning in the	underlyni	g cause given in r	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CA	0			
ED						1 TYES	2 NO	OF DEATH?				
Σ.						_		1 TYES 2 NO	,			
IAN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Che	ck only one)						
SIC	EXAMINER? 1 VES 2 NO 1 Inpatient 2 I	ER/Outpatient 3		tER: Nursing Hon	ne 5 KResidence s	□ Other (Specify)						
PHYSICIAN: MEDI	27. MANNER OF DEATN 28a. DATE OF II (Month, Day		28b. TIME OF	26c. IN.	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCC	UREO				
ВУ	Netural 5 Pending 2 Accident Investigation	,,	A		YES 2 NO							
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	281. LOCATION (Street City or Town, State		or Rural Route Number,								
	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of m	n knowledge d	ath assured in	he time at a	and state and dis-	to the court to the		4				
MP	(Check only one) 2 MEDICAL EXAMINER: On the beele of examiner.								ited.			
	24b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUM			SIGNED (Month, Day, Year)				
BE	Piaviani Martinal				DO 70		► / /	24/90				
2	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Sma Brint)			- 0		- 1				

900 DETON DRIVE-CUMBERLAND.

MARYLAND

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21203-3146

BALTIMORE,

BOX 13146,

P.0.

DIVISION OF VITAL RECORDS,

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examiner medicai he event. traumatic other 10 Injury. any shows has been s Dept. of H n 23 shov Item FUNERAL DIRECTOR: After this certificate it within 72 hours after death with the State 10 marked, 96 after 28 is Item -MPORTANT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR Glenn Ray CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH lenn 1 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 541 36 7799 DAYS HOURS 1 M 2 | F YRS Oregon 9e. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR NE RESIDENCE OF DECEDENT 10a STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel West River 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 5175 Chalk Point Rd. 20778 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 X Married IF YES, GIVE WAR OR DATES 1 YES 2 KNO Specify: BY white 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Auto Body Repairman Automotive 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hugh M. Cleek Mildred Ann Wright BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Elaine Cleek same as 10 above 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State XXBuriai 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) Veterans Cemetery Cheltenham (PG) MD 21. SIGNATURE OF FUNERAL-BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home Owings, MD 20736 Uchar 23.4ART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haert fallure. List only one ceuse on each line. Interval Between **Onset and Desth** IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentielly list conditions, DUE TO (DR AS A CONSEDUENCE DF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE DF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | 16 OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER: YES 2 NO 1 | Inputient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27 MANNER OF DEATH 28e. DATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME DF 5 Pending Investigation 1 Netural М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be ETED I Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. COMPL a 💇 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. PID SIGNATURE AND TITLE OF CERTIFS 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE a 0 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (MONTH DAY)

32. REGISTRAR'S SIGNATURE

Julia Tavidson Bondall

	narked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at onc
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ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	-
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	FOR STATE REGISTRAR		STATE OF I	/ MARYLAND CI		TMENT (MENTA	L HYGIEN	_		
1	1. DECEOENT'S NAME (First, I	Middle, Last)		E	Ch	40M	An	/	2. DATE MONT	OF DEATH	990	YEAR 3	TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER	ER .	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER 1	YEAR IF	F UNDER 24 HRS.		OF BIRTH		8. BIRTHP	ACE (State or Foreign
	220 22 635		1 🗌 M 2 💢 F	64	YRS.	MONTHS 1	DAYS HO	OURS MIN.		h, Day, Year) 31–192	_	Country)	MD
	9a, FACILITY NAME (If not ins		net and number)	04		Sh CITH T	OWN OR I	OCATION OF DE		31-132	4	ITY OF OEA	
~	Hantood	M	0-0 16	spita	, /		11/10		5 6	PACE		17	
0	RESIDENCE OF DECEDENT				IH	VIE	- 00	- (MACC		7791	TOPAL	
E I		10b. COUNTY	-		10c. CIT	Y, TOWN OR	LOCATION	1				1	Od. INSIDE CITY
DIRECTOR	MD	u.	arford		1.5-0.0	Uni		l- C				Ι,	LIMITS? YES 2 NO
- 4	10e, STREET AND NUMBER	Пс	ariora			nav		e Grac	:e		I son CITI		AT COUNTRY?
FUNERAL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1000				log. Oit.		
빌	511 Pink	Lane						21078				_USA	
5	11. MARITAL STATUS 1 Never Married 2 1	Married		IT EVER IN U.S. AF				DENT OF HISPAP y Cuben, Mexica			or No-	14. RACE Black, 1	- American Indian, White, etc.
ΒY	3 Wildowed 4 Divor		IF YES, GIVE	MAR OR DATES		1 [YES 2	NO Specif	y:			Specify:	Dia ala
		DENT'S EDUC		Las as		USUAL OCC			1				Black
COMPLETED	(Specify only	highest grade o	completed)	(6	Silve kind of a Do NOT us	work done du	ring most of	working	168	. KIND OF BU	SINESS/IND	USTRY	
ا د	Elementary/Secondary (0-	12)	College (1-4 or 5	+)									
Ì	12th			H_	omem	<u>aker</u>							
္ပ	17. FATHER'S NAME (First, Mic						16	B. MOTHER'S NA		375	,		
B			aldon, S					Nellie					
0	190. INFORMANT'S NAME (7)				b. MAILING	ADDRESS (Street and I	Number or Rural	Route Num	ber, City or Tow	n, State, Zip	Code)	
	Morris L.	Chapn	nan, Jr.		742	Custi	s St	., Abe	rdee	n, M	D 2	1001	
	20e. METHOD OF DISPOSITION 1 X Burial 2 ☐ Cremation		ned from State	20b. PLACE other p	OF DISPO	SITION (Name	of cemete	ory, crematory or		20c. LO	CATION	City or Town	n, State
	4 Donation 5 Other					. Eri	n Ce	metery		H:	avre	de G	race, MD
	21. SIGNATURE OF FUNERAL	SERVICE LICI	ENSEE					ADORESS OF FA					
	12.00		V V	-t-				I-Smith					١.
	23. PART I. Enter the dis	seases, or c	omplications the	at caused the de	eath. Do			de Gra					Approximate
	Lancard Administration		ist only one ca									·	Interval Between Onset and Death
	IMMEDIATE CAUSE (Find disease or condition	el	MI.	MATINE		Stro	100						Oliset and Death
-	resulting in death)	→	. HICE	100 to 1 cours	OHENCE O	5110	101						-
			C. F.C.	OR AS A CONSE	4 3 7	c (GAO	OSIMA	Cult	and.	124	00	i
S I	Sequentially list condition			(OR AS A CONSE			-00	10000					-
F	If eny, leeding to immed cause. Enter UNDERLYIF		552 10	(on no n oone	WOLLIOE O	. 7.							i
2	CAUSE (Disease or Injur		DUE TO	(OR AS A CONSE	QUENCE O	n:							
RTIFICATION	that initiated events resulting in death) LAST	r II.,				•							
		-	1.1										<u> </u>
ا پ	PART II. Other significar	nt conditions	contributing to	death but not	resulting	in the und	eriying c	ause given in	Part I.	24a. WAS AN			VERE AUTOPSY FINDINGS
0	V COMMEN	we	wen	faix	un					1 TYES	1		COMPLETION OF CAUSE OF DEATH?
	2) acute	una	Lata	ilure							19		YES 2 NO
<u>.</u>	of Draket	le 1	HOOVE	us -		•							
A	25. WAS CASE REFERRED TO	MEDICAL	-au				26. PLAC	E OF DEATH (C)	neck only o	ne)			
PHYSICIAN: MEDICA	EXAMINER?	440	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:		5 🗆 Residence	6 T non	er (Specify)			
Ä	27. MANNER OF OEATH		26a. DATE O	F INJURY	28b. TIA	AE OF 2	8c. INJUR	Y AT		SCRIBE HOW	INJURY OC	CURED	
		Pending		Day, Year)	IN	JURY	WORK	7 3 2 🗌 NO	1000				
B	2 C ALLEN	nvestigation	28e. PLACE	OF INJURY — At h	ome, farm	street, factor			28f. LO	CATION (Street	and Number	r or Rural Po	ute Number,
		Could not be setermined		, etc. (Specify)	4					or Town, State			
	29a. CERTIFIER											-	
M	(Check only		CIAN: To the best of										and manner on state 4
COMPLETED	2 WEDI			EASTHINGT BOOK	arvestigati	on, in my op				- and piece, a			and menner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	1.	41 1			21	9c. LICENSE NU	MBER /	15	29d. DAT	E SIGNED	Month Day, Year)
2	Hours?	un 1	CTU,	MU				1) 3	136	,4		1/11	170.
	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CA	USE OF DEATH (ITI	EM 27) (Type	Print)	M	0 3	10	78-		1	Y
	31. DATE FILED (Month, Day,		32. REGISTA	AR'S SIGNATURE	()	0. 7	1-1	V					
	JAN 22 '90)	Juna Lav	idson-Rand	all								

DHMH-18 Rev 1/89

		1 - FOR STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.								
		DECEDENT'S NAME (First, Middle, Last) Bertice Mary Cr DeRtice Resuct 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vis. last birthdev)	*OSWOIL IF UNDER 1 YEAR	2. DATE OF DEATH DAY SEAR OF DEATH OF D								
pyo		219-18-0588 1 M 2 XF 64- YRS.	MONTHS DAYS HOURS MIN. 9b. CITY, TOWH OR LOCATION OF D	02-09-25 Maryland								
2, 3 should	CTOR	Fallston General Hospital	Fallston	PEATH PS. COUNTY OF GEATH Harford County								
6	DIREC	10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Harford County Bel Air										
P	ERAL	713 Thomas Run Road	10f. ZIP CODE 21014	4 U.S.A.								
ing physicia the burial-true	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico 1 VES 2 NO Specific									
al or attend for use as	ETED			16b. KIND OF BUSINESS/INDUSTRY Drug Store								
by the hospital f be detached to at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest) George Carl Reeves, Sr.	18. MOTHER'S NA	AME (First, Middle, Melden Surneme) Lie Mary Moxley								
be retained ge 5 should e notiffed	TO B			Bel Air, Maryland 21014								
e 6 may ector, pa must b		4 Donation 6 Other (Specify) Bell AIR Me	morial Gardens 22. NAME AND ADDRESS OF FA	Bel Air, Maryland ACILITY Foster Funeral Home								
after death. Pag by the funeral di moval.		> Jonerwell Fotos	Bel Air, Maryland 21014									
within 44 hours apletely filled in I cremation, or re rent, the med		23. PART I. Enter the diseases, or complications that caused the death, Do rance, or heer feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) DUE TO JOR AS A CONSEQUENCE O	SomA of 1	Interval Between								
ficate be execute physician and come prior to buriane traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events										
death certi s attending ental Hygie ary, or oth	CERTI	resulting in death) LAST										
law requires that the as been signed by the ept. of Health and M 23 shows arry inju	MEDICAL	PLENEAZ EXFUSION	INVILLENEN	PERFORMED 1 YES 2 NO AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
PHYSICIAN: The this certificate his with the State Director with the State Director with the State Director with the State Director State Dir	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 1 1 1 1 1 1 1 1	26. PLACE OF DEATH (C. OTHER: 4 □ Nursing Home 5 □ Rasidence									
NG PHYSIC fler this ce eath with th	ВУ РН	27. MANNER OF BEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIM (Month, Day, Year)	28c. INJURY AT WORK? M 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCURED								
TTENDI TOR: A after d	ETED B	3 Suicide 8 Could not be detarmined 28. PLACE OF INJURY — At home, farm, building, stc. (Specify)	street, factory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
国内は	COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the Peele of examination and/or investigation		ue to the cause(e) end manner as stated. ne time, date and place, and dua to the cause(s) and manner se stated.								
TO THE HOSP! TO THE FUNER De filed within IMPORTANT:	TO BE	296. SIGNATURE AND TITLE OF CENTIFIED (V.)	29c. LICENSE NU	UMBER 200. CATE/SIGNED (Modifin One 1964)								
	٦	30. WAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type	My Z	TUGNET AND MAKES LAND								
	,	JAN 2 2 '90 32. REGISTRAR'S SIGNATURE JAN 2 2 '90 32. REGISTRAR'S SIGNATURE	fandalle	2047								

	1. DECEDENT'S NAME (F)		ssweller	1 mm =					2. DATE OF OR	EATH DAY		AB	TIME OF O	A I			
	4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs.		IF UNDER 1 YEA		24 HRS.	7. DATE OF BILL (Month, Day,		6.	BIRTHPLA Country)	CE (State or	r Foreign			
	375-01-71		1 M 2 VF		72 YRS.	MONTHS DAY	S HOURS	MIPO,	09-11-				igan				
	Sa. FACILITY NAME (If no					9b. CITY, TOW					9c. COUNTY		Н				
5	HOWARD (ounty (SENERAL	Hospi	sital Columbia, md 210						HOWA	RD					
ECTOR	10a. STATE	10b. COUNT	Υ		10c. CITY	, TOWN OR LO	CATION					100	1. INSIDE C	YTK			
OIR	md	How	ard		Columbia							1 [LIMITS?	Y NO			
- 19	10e. STREET AND NUMBI						10f. ZIP COD	E			10g. CITIZEN	OF WHA	T COUNTRY	17			
E E	6334 Cedar	r Lanè	(Lorien 1	Jursing	Home)	-	210	44				USA					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 D			IT EVER IN U.S. YES 2 [MAR OR DATES	ARMED	If yes,		in, Mexican	IC ORIGIN? (Spe n, Puerto Rican,		or No- 14.	RACE — Black, W Specify:	American li hite, etc.				
3		ECEDENT'S EDU		16a.	DECEDENT'S	USUAL OCCUP	ATION		16b. KIND	OF BUS	INESS/INDUS	TRY	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Elementary/Secondary	only highest grade y (0-12)	Collega (1-4 or 5	+)	ille. Do NOT us												
Z I			2		Admi	nistra	tive.	Asst.	. 0	hio	State	Uni	versi	Lty			
COMPL	17. FATHER'S NAME (First						18. MOT	HER'S NAM	ME (First, Middle,	Maiden 5	Surname)						
BE		Reeber					Ma:	rgare	t Koll	mor	gen						
2	19a, INFORMANT'S NAME								loute Number, Cit								
	Roger M. C						lkride										
	20s. METHOD OF DISPOSITION 1 Description 2 Comment of 3 Removal from 4 Donation 6 Other (Specify)			othe	r place)	TION (Name of cemetery, crematory or				Detroit, Michig							
4 Donetion 6 Other (Specify) Michigan Memorial Cemetery De 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								рет	stroit, Michigan								
	× 1 004	4 41	Los	/		Gar 569	y L.	Kaufi n Sti	an Fun	era.	l Home	s Md.	2122	27			
CERTIFICATION	disease or condition resulting in deeth) Sequentielly list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST OUE TO (OR AS A CONSEQUENCE OF): MALIGNANT PLEURAL EFFUSION OUE TO (OR AS A CONSEQUENCE OF): METASTATO BRETIST CANCER OUE TO (OR AS A CONSEQUENCE OF):										ומסף						
	PART II. Other signif	licant condition	ns contributing to	death but no	ot resulting	n the under	ying cause	given in	Part I. 24s.	WAS AN	AUTOPSY		RE AUTOPS				
: MEDICAL	PEF							YES 2	-	OF	MPLETION DEATH?	OF CAUSE					
SICIAN:	25. WAS CASE REFERRE	D TO MEDICAL				26	B. PLACE OF E	DEATH (Che	ock only one)								
2	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	Home 5 □ R	asidence	6 Other (Spe	ic(fv)							
>	27. MANNER OF DEATH	Pending	28a. DATE O		28b. TIM	E OF 28c.			28d. DESCRIB		NJURY OCCUP	ED					
H	1(D≧Neturel 6 2 ☐ Accident		OF INJURY — AI	home, ferm, s		YES 2	NO	28f. LOCATION	(Street a	and Number or	Rumi Bout	e Number					
à l	3 Sulcide	Investigation		URY — At home, farm, street, factory, office Specify)				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
ETED BY PHYS	3 Suicide 6	Could not be determined	28e. PLACE (building	, etc. (Specify)			29a. CERTIFIER (Check only not) CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
⋒	4 Homicide 29a. CERTIFIER (Check only	Could not be determined	BICIAN: To the beat of	, etc. (Specify) f my knowledge								ause(a) ar	nd manner	ia stated.			
COMPLETED BY	4 Homicide 29a. CERTIFIER (Check only	Could not be determined	BICIAN: To the best of	, etc. (Specify) f my knowledge			on, death occu		time, data and p								
BE COMPLETED BY	4 Homicide 29a. CERTIFIER (Check only one) 2 M	Could not be determined	BICIAN: To the best of	, etc. (Specify) f my knowledge			en, death occu	red at the	time, data and p		d due to the c	IONED (M	onth, Day, Y				
E COMPLETED BY	4 Homicide 29a. CERTIFIER (Check only one) 2 M 29b. SIGNATURE AND TITLE CO.	Could not be determined ERTIFYING PHYSICOLAL EXAMIN TLE OF CERTIFIE ACL S OF PERSON WI	SICIAN: To the best of ER: On the basis of ER	f my knowledge axamination and	/or investigatio	en, in my opinio	29c. LIC	ENSE NUM	time, data and p	place, an	29d. DATE S	ONED (M	onth, Day, W				

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Aug. Daniel Daneburg - - The Land - - The Land

per a reduce community (eq

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
	LLOYD CLINTON					JAN 10,	1990	
		SEX 6. AGE (In yrs. 52	VRS. MON	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC 8,	Cour	
	9a. FACILITY NAME (If not institution, give street		9b.	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	SSISSIPPI DEATN
DIRECTOR	KIMBROUGH ARMY F	OSPITAL	OSPITAL FT. MEAD				ARUNDEL	
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
ă		ARUNDAL	F	r. MEA				1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 4233 DOYLE CT.				ZIP CODE			WHAT COUNTRY?
N N	1=33	WAS DECEDENT EVER IN U.S.	ARMED		20755 ENDENT OF NISPAN	IIC ORIGIN? (Specify Ye	U.S.	CE — American Indian.
B	1 Never Married 2 Married	FORCES? 1 7 YES 2 [IF YES, GIVE WAR OR DATES ACTIVE DUTY	□NO	If yes, sp		n, Puerto Rican, etc.)	8la	ck, White, etc. City: BLACK
	15. DECEDENT'S EDUCATION (Specify only highest grade company)	pleted)	DECEDENT'S USUA (Give kind of work of	lone during mo	IN st of working	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	ollege (1-4 or 5+)	U. S. Al			ושת ו	PENSE	
8	17. FATHER'S NAME (First, Middle, Lest)		O D A	WILL	18. MOTNER'S NA	ME (First, Middle, Meider		
BE C		CLINTON			ERC	ELL	WHITE	
10	19a. INFORMANT'S NAME (Type/Print)		196. MAILINO ADD	RESS (Street a		Route Number, City or Tox	wn, State, Zip Code)	
	HELEN W. CLI	NTON	SAM E OF DISPOSITIO			10	OCATION — City or	T
	1 Burial 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	femon Conta	nlace)		L. CEMET	7.34	ARLINGT ON	
	21. SIGNATURE OF FUNERAL SERVICE LICENS				ID ADDRESS OF FA		TELIOT OF	
	MAKCha	alus D	M00091	W. W	. CHAMBE	RS CO F	RIVERDALE	., MD. 20737
	23. PART I. Enter the diseases, or com- shock, or heart fellure. List IMMEDIATE CAUSE (Fine)			nter the mo	de of dylng, auc	h as cardiac or reap	piratory arrest,	Approximata Interval Batween Onset and Death
- 1	disease or condition a	GUNSHOT		OF C	HEST			minutes
		DUE TO (OR AS A CON	SEOUENCE OF):					at most
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF):			<u> </u>		
2	cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF:					
E	resulting in death) LAST		,					
	PART II. Other significant conditions of	ontributing to death but no	t resulting in th	e underivin	causa given in	Part I. 24s. WAS A	N AUTOPSY 2	6b, WERE AUTOPSY FINDINGS
ICAL				o amaony m	, 02000 9.1011 1.11	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						1 🔀 YES	2	OF DEATH?
N.								
CIA		OSPITAL:	01	HER:	ACE OF DEATH (Ch	14		
tys	1XXYES 2 NO 1	☐ Inpatient 2 X ER/Outpatient 26a. DATE OF INJURY	3 DOA 4 D	Nursing Hon 28c, INJ		6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCURED	
	1 Netural 6 Pending	(Month, Day, Year)	90 150	WC	PK? YES 2 NO		ed Suic	ide
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — As building, etc. (Specify)			•	28f. LOCATION (Street City or Town, State	and Number or Rura	
E	4 Homicide detarmined	FT. MEADE				0.1, 0.10.11, 0.11.1	-,	
COMPLETED	CHECK ONLY	N: To the best of my knowledge,	death occurred at	the time, data	and place, and due	to the cause(a) and m	enner se stated.	
000		on the besis of examination and	or investigation, in	my opinion, o			and due to the cause	e(a) and manner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIER	(1) 01.	and		3 4580		Λ.	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (TEM 27) (Type, Prin	t)	3 4000	J IND	1,10	10
	DEBORAH A. GEE		Kimbro	ough A	my Hospi	ital, Ft.	Meade, M	D
	JAN 18'90	32. REGISTRAR'S SIGNATUR JUNA DAY ONA	Randoll					

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and the second second

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

10

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H			YGIENE EG. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF C	DEATH	559	3. TIME OF OEATH
	Russell Brewe	ел Сопочел				Таппа	LU 11.1	YEAR	5pm M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	иятн	8. BH	RTHPLACE (State or Foreign untry)
	076 01 8560	1 🕮 M 2 🗆 F 7	2 YRS.	HONTHS DAYS	HOURS MIN.		25.1917		ew York
1	9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN (OR LOCATION OF D			COUNTY O	
FUNERAL DIRECTOR	Greater Laurel-	Beltsville Ho	spital	Lau	rel		Pr	ince	Georges
SIRE	Maryland Howar			rel	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ار	10s. STREET AND NUMBER			101	. ZIP CODE		10g.	CITIZEN C	F WNAT COUNTRY?
A I	0111 001 10001	.: Ola Dand			00702			110	4
3	9115 Old scaggs	12. WAS DECEDENT EVER IN			20723 ENDENT OF HISPA				ACE — American Indian,
	1 Never Married 2 Married	FORCES? (X YES			ecify Cuban, Maxic 2 XNO Speci		n, etc.)		pecify: 440 / +0
ВУ	3 Widowed 4 Olvorced	WW 2 Korea			λ.				white white
COMPLETED	16. DECEOENT'S EDUC (Specify only highest grade	:ATION completed)	(Give kind of wo life. Do NOT use	ork done during mo	ON st of working	16b. KIN	D OF BUSINESS	i/INDUSTR	Υ
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)		or every fire					
N N	Grade 12 17. FATHER'S NAME (First, Middle, Last)		Posta	l clerk	16. MOTHER'S N	A100 (Class 14) (C			Office
		t Conover						ne)	
BE	19a, INFORMANT'S NAME (Type/Print)		105 MAIL INO	DODECC (Charles	and Number or Rural	an Smi		n 7in Code	1
임	Lucianna Conove	tr .			aggsvill				
	200. METHOD OF DISPOSITION	20h. I	PLACE OF DISPOSE	TION /Name of car	nelecu cometory or		20c. LOCATIO		
	1 Burial 2 Cremation 3 Ramo	oval from State	Metro	Cremat	oru			-	le, Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF F	ACILITY			
		()	/	Donal	dson Fur	ieral H	ome. Lo	urel	, Maryland
_	(Same	Sunda	an						
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	complications that caused List only one cause on each		ot enter the mo	de of dying, su	ch as cardlec	or respirator	, arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	01 .	12R 1	1	D 1	/	1		Onset and Death
	resulting in death)	DUE TO (OR AS A C	ODSA	uch	- rulmor	eary 1-	users	<	
2	_	DOE TO (OH AS A C	CONSEQUENCE OF):		,			
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):					
¥	If any, leeding to immediate cause. Enter UNDERLYING	•							
Ē	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):					
토	resulting in deeth) LAST	d,							
	PART II. Other significent condition	e contribution to death bu	t mot requision in	a the underlyin	a anuae ahaa h	a Bart I au	n. WAS AN AUTO	nev T	24b. WERE AUTOPSY FINDINGS
ÄL	Pary noth or	s contributing to death bu	t not readiting in	the underlyin	g cause given i	n Part I. 24	PERFORMED		AMAILABLE PRIOR TO COMPLETION OF CAUSE
ğ			o pago pa	ing-		- 1	YES 2 N	0	OF DEATH?
×	Hypertensia	^				—			1 TES 2 HO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL								
D C	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C				
1YS	1 VES 2 NO.	1)S-Inpetient 2 - ER/Outpe	tient 3 L DOA 28b. TIME		DURY AT	_	pecify) BE HOW INJUR	v occuse	9
ā	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY W	YES 2 NO				
BY	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE OF INJURY	— At home, farm, at					umber or Ru	ral Route Number,
	4 Homicide 8 Could not be	building, etc. (Specif	y)			City or R	own, State)		
COMPLETED	29a. CERTIFIER	CIAN: To the best of my knowle	doe death occurre	d at the time dat	and place, and de	in to the council	e) and manner o	a stated	
N P	one)	R: On the besis of examination							use(a) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE N				
BE	12.11	al MA	In ten	msf.	D 2	701	3	1-	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OFA	THE STREET ATT OF THE	D. Land		101		((, , ,
	B CONGER	SUITE 22	1 (4-2	of LAU	VEL PK	PR C	AVREL	- MO	20707
	31. DATE FILED (JAN 7% 16") '90	SULTE 22 32. REGISTRAR'S SIGNA SULTE DAY	doon Rande	202					
- 1	-	(/							

FOR STATE REGISTRAR

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6,	within
BOX 13146	20
×	2
, P.O. BO	certificate be execute
۳.	death
S	ag.
문	that
RECORDS	aw requires that the death certif
Z	He
OF VITAL	TTENDING PHYSICIAN: The
DIVISION	ATTENDING
5	S
_	PITAL

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH
Nola M. Cunaba	1							1/		90	11-00 A-
4. SOCIAL SECURITY NUMBER 212=10-4126	5, SEX 1 M 2 F	6. AGE (In yrs. lesi		FUNDER 1 1	BYAC	HOURS	24 HRS. MIN.	7. DATE OF BIRT (Month, Day, Y 1/10/2	lbar)	Countr	PLACE (State or Foreign y) aryland
429 Yale Avenue RESIDENCE OF DECEDENT	street and number)		9b. CITY, TOWN OR LOCATION OF DEA Baltimore				EATH 9c. COUNTY OF DEATH				
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Md.	Υ		10c. CITY,	TOWN OR	LOCAT	LION					10d. INSIDE CITY LIMITS?
			Balt	imor	-	, ZIP CODE			18g. Cl	TIZEN OF V	1 ¥ YES 2 □ NO
100. STREET AND NUMBER 1429 Yale Avent	ue						2122	19		US.	
I I I Itero Marino	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N		lf y	res, sp		, Maxica	IIC ORIGIN? (Spec n, Puarto Rican, e			— American Indian, c, White, etc.
3 Widowed 4 Divorced						700	Specify				white
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		(Gi	CEDENT'S U ive kind of wo Do NOT use Home	rk done dui retired.)	ing ma	ON ost of workin	g	16b. KIND (OF BUSINESS/IN	DUSTRY	
Terrance Murphy							nna		ner		
19a. INFORMANT'S NAME (Type/Print) Anna M. Cunabau	<i>e</i> h							to. Md.			
20g METHOD OF DISPOSITION	1757 704	20b. PLACE other pla	OF DISPOSIT	TION (Name	of cer	metery, crem	atory or	2	0c. LOCATION -	- City or To	
4 Donation 5 Other (Specify)	physics /		New C	22. N/	ME AI	NO ADDRES	S OF FAI	CILITY	Baltimo		Md.
22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes 5695 Main Street, Elkridge, Md. 21227											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury)						J	tw			Onset and D
0	resulting in death) LAST d. PART II. Other significant conditions contributing to death but in							n Pert I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE OWN			. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
2					_			_ _			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3		OTHER:			/	eck only one) 6 Other (Speci	fty)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		ay, Ybar)	28b. TIME INJU	M	1 🗌	JURY AT ORK? YES 2) NO		HOW INJURY O		
3 Sulcide 8 Could not be determined	building,	F INJURY — At ho etc. (Specify)		_				City or Town			nouse (vuinus);
(Check only one) 2 MEDICAL EXAMIN	()					deeth occur	red at the	time, date and pi			e) and manner as state
296. SIGNATURE AND TITLE OF CERTIFIE	10					29c. Lici	NSE NUI	648	29d. DA	TE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W NATATAL AV 31. DATE FILED (Month, Day, Year)	RAVER	dhras	M	D	Į, į	3449	W	Ikov	Au	e	21229
JAN 1 6 90	Julia	R'S BIGNATURE , Davy ason -	gapase	6							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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produced the factor of the

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dect, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; Il liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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S	ELE	CTOR	28
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR A	DIRE	Hem
	TAL	PAL 72	=
	40SP	UNE	ANT
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the ibe fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cramation, or removal.	×

	1 - STATE REGISTRAR	OF MARYLAND / E	JEPAKI RTIFI	CATE OF			MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	4		OATE OF	DEA		2. DATE OF DEATH			OF DEATH
	Fornest		oad	1kley			January 2	199	13 13	45 "
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last b	virthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH		BIRTHPLACE (S)	tate or Foreign
	217-09-2902 1XM	2 □ F 85	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Mar) 12-17-0	4	Marula	nd
-3	9a. FACILITY NAME (If not institution, give street and nu	mber)		9b. CITY, TOWN	OR LOCATIO	ON OF DE			Y OF DEATH	7100
OR	PENINSULA GENERAL HOS	SPITAL		SAL	ISBUR	Y, M	IARYLAND	W	ICOMICO)
DIRECTOR	RESIDENCE OF DECEDENT		40 - CITY	TOWN OR LOCA	FION				I sou mo	INF ATTY
IRE	Md. 10b. COUNTY Worcest	en		Berlin	TION				LIM	IDE CITY
	10e, STREET AND NUMBER			T 10	f. ZIP CODE			10a CITIZE	N OF WHAT COU	S 2 NO
RA	1 Meadow Street				218			11.5	USA	
FUNERAL	11. MARITAL STATUS 12. WAS I	DECEDENT EVER IN U.S. ARMI	ED	13. WAS DEC	CENDENT O	F HISPAN	IC ORIGIN? (Specify Yea		I. RACE — Ameri	ican Indian,
	IF YES	ES? 1 YES 2 NO			2 NO		n, Puarto Rican, etc.)		Black, White, e Specify:	
ВУ	3 Widowed 4 Divorced								Wh	ite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Glvs	kind of w	JSUAL OCCUPATE ork done during me	ON ost of workin	g	16b. KIND OF BUS	INESS/INDUS	STRY	
빌	Elementary/Secondary (0-12) College	1-0 or 8 +)		al Manag	000		Electr	in 11+	: /: +	
M	17. FATHER'S NAME (First, Middle, Last)	4 70	J COTO	a. maring		IFOND MAA	ME (First, Middle, Malden S		ully.	
	Eugene W. Coakley						e Gilbert	sumama)		
BE	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING	ADDRESS (Street	-	/	Poute Number, City or Town	State Zin C	orie)	
2	Peter W. Coakley			Rochest			Cnofton, 1			
	20a. METHOD OF DISPOSITION	20b. PLACE OF	DISPOSI	ITION (Name of ce		0			y or Town, State	
	1) Burial 2 Cremation 3 Removal from 4 Donation 5 G Other (Specify)	State other place		.1. Din	(mad =	w.	aldons	f. Ch.	Md
1	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE	11	7 (66	22. NAME A	NO ADDRES	SS OF FAC	YTELL		,,	
3	> Shill (lill)	X		Ullni	ich F	unen	al Home B	erlin,	Md. , 2	21811
	23. PARTY. Enter the diseases, or complicet	ons that caused the deat	th. Do no							proximate
	ahock, or heart failure. List only	one cause on each line.							Int	tarval Between
	disease or condition resulting in deeth)	DUE TO ON AS A CONSECU	tu	ru	Fe	زيدة	luce			
	resulting in deeth)	DUE TO JON AS A CONSEQU	ENCE OF	. 0			0 0	/	2	
Z	Sequentially list conditions, b.	neun	20	m	a	Re	ifeter	et		
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS A CONSEQU	ENCE OF):			1			
길	CAUSE (Disesse or Injury	DIJE TO JOB SE CONSESSION	14	000	eci	y	- Aure	us	-	
	that initieted events resulting in death) LAST	DOC 10 (ON AS A CONSESS	gane or							
핑	d									
CAL	PART II. Other significant conditions contrib			19		lven in	Part I. 24e. WAS AN PERFOR			JTOPSY FINDINGS LE PRIOR TO
-	Acuto Re	rel F	n	leer.	2		1 YES 2	□ NO	OF DEAT	TION OF CAUSE
MED	Cercino	ma.	tre	nge	re				1 🗆 YE	8 2 NO
Ä				0						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF D	EATH (Che	eck only one)			
ΙΥS		DATE OF INJURY	28b. TIME		JURY AT	eldence	6 Other (Specify) 28d. DESCRIBE HOW II	L HIRV OCCU	DEO.	
	1 Metural 5 Pending	(Month, Day, Year)	INJU	URY W	ORK?	ONE	200. DESCRIBE NOW IF	SONY OCCU	HED	
ВУ	2 Accident investigation 3 Suicide & Could not be 28e.	PLACE OF INJURY — At hom	e, farm, si			,	28f. LOCATION (Street a	nd Number or	Rural Route Num	bec
ETED	4 Homicide 6 Could not be determined	building, etc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town, State)			
	29a. CERTIFIER Chack and 1 CERTIFYING PHYSICIAN: To the	n heat of my knowledge door		d is the time dat	4 -1		4- 01			
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the									nner as stated.
	295. SIGNATURE AND TITLE OF CERTIFIER	?				ENSE NUM				
BE	ware out	2			17.	P -7 /	-70	ANG. DATE	SIGNED (Month, E	14U
24	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH (ITEM	27) (Type,	Print)	-1	7/4	o Roman	Par	100	70
	70. L. M. Evan	igelist	<u>-</u>	100	-	00	1700	77	Le 1	5
	A	REGISTRAR'S SIGNATURE			7	18 X	w bidd	4	2	1401
12	JAN 23 '90	grelia Davidson	-Aand	200-						

Pages 1, 2, 3 should

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death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or n	njury,
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31. DATE FILED (Month, Day, Year)

JAN 2 4 '90

										91	1 033.	39
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR					HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	DA	NY.	YEAR	3. TIME OF DEATH	
		c Laughlin C		er			JAN	. 22	,199	0	10:20 A.	
		5. SEX 6. AGE (In yrs.	last birthday)	IF UNDER		UNDER 24 HRS.	7. DATE OF (Month, E			6. BIRTI	HPLACE (State or Foreig	ın
	190-12-1428	1 □ M 2 🟋 F 6	6 YRS.	- Control	SAI S	JOHO MIN.	06-2	1-23	3	Per	nnsvlvan	ia
	9a. FACILITY NAME (If not institution, give street	- te teatre.				OCATION OF DE	ATH		9c. COUN			-
OR	9 Delta Place	(Potomac Hgt	(s.)	Ind	ian	Head			Char	cles	S	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		_		R LOCATION						10d. INSIDE CITY	
E	Maryland Char	100									LIMITS?	,
	10e, STREET AND NUMBER	res	III	dian	Hea	C CODE			10a CITI	ZEN OF	WHAT COUNTRY?	
RA	9 Delta Place	(Dotomos II.	-1-4	,						-		
FUNERAL					MAS DECENE	2064 DENT OF HISPAN		Specify Vee	Or No.	14 BAC	E - American Indian,	
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	NO	1		Cuban, Maxicar	n, Puarto Ric			Blac	k, White, atc.	
m	3 Wildowed 4 Divorced	W TES, SIVE WAT STEEN			☐ 169 £ ₹	TIVO apocity				Spec	White	
	15. DECEDENT'S EDUCA (Specify only highest grade of		DECEDENT'S	USUAL OC	CUPATION	f working	16b, K	IND OF BUS	SINESS/IND	USTRY		
4	Elamentery/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	se retired.)		-						
COMPLETED		8 Go	v't.	Ser	vice	s Adm.	U.	S.	Gove	rnr	nent	
8	17. FATHER'S NAME (First, Middle, Last)	.				. MOTHER'S NAI			,			
BE	Roy O. Mc Laugh	nlin				Myrtl ϵ			_			
6	19a, INFORMANT'S NAME (Type/Print)				,	Number or Rural F						1
- 1	Pamela J. Simmo					, Bryan	is Ro	_				6
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remov	ral from State 20b. PLA	place)			ry, crematory or			CATION —			
	4 ☐ Donation 5 ☐ Other (Specify)		EE CE		TORY		au mu				IARYLAND	
	21. SIGNATURE POWERAL SERVICE LICET	LCI		²² A	reha	nddress of fac	ieral	Hom	ne, I	inc.	•	
	Yoseph /Pau	ton Jales		L	a Pl	ata, M	1ary1	and	206	546		
	23. PARY I. Enter the diseases, or co	mplications that caused the	deeth. Do	not enter	the mode	of dying, suci	h ss Cardia	c or respi	ratory arr	est,	Approximats interval Betw	
	IMMEDIATE CAUSE (Finel			7. 4		1					Onset and D	
	disease or condition resulting in death) s.	Arterio	2 250	sotic	(0	50010	1scula	2 9	is eas	2	4600	2
		DUE TO (OR AS A CON	SEOUENCE C	OF):							1	
N N	Sequentially list conditions, b.											
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEOUENCE C	OF):								
윤	CAUSE (Disesse or injury C.	DUE TO (OR AS A CON	SEQUENCE O	IFI:								
Ē	that initiated events resulting in death) LAST			,								
핑	d.											
A	PART II. Other significant conditions	contributing to deeth but no	ot reaulting	in the un	deriying c	ause given in	Part I. 2	4a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDS AVAILABLE PRIOR TO	
8							1	□ YES 3	NO		COMPLETION OF CAU OF DEATH?	SE
ME											1 TES 2 NO	
ž							- 1					
Y S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					E OF DEATH (Ch	eck only one)					
S		HOSPITAL: 1 Inpetient 2 ER/Outpetlant	3 🗆 DOA	4 Nun		5 Rasidanca	6 Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. Til	WE OF JURY	26c. INJURY WORK	Y AT	26d. DESC	RIBE HOW I	NJURY OC	CURED		
BY	Netural 5 Pending Investigation			М	1 YES	2 🗌 NO						
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm,	street, fact	ory, offica		26f. LOCAT City or	ION (Street i Town, State)	and Number	or Rurel	Route Number,	
E												!
COMPLETED	cont only	IAN: To the best of my knowledge,										
S	one) 2 MEDICAL EXAMINER:	: On the basis of examination and	or investigati	on, in my o	pinion, deat	h occured at the	time, date a	nd place, an	d dua to th	e cause((a) end manner as state	ed.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	5	a	10.	-21	C. LICENSE NUA	MBER		29d. DAT	E SIGNE	D (Month, Day, Year)	
TO B	+W/1-69/	DUPTING Gran	res Un	25 60	1) 27:	349)		133	340	
= 1	36. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF DEATH (TEM 27 (Tex	o Christi		-	1			5	1	

32. REGISTRAR'S SIGNATURE Sulia Davidson-Randelle

BALTIMORE, MARY	The state of the s
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VITAL RECORDS, P.O. BOX 13146	-
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DIVISION OF

7LAND 21203-3146

FOR

REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

VIVIAN

COHN

6. AGE (In yrs. last birthday)

S. SEX

1 -

1 M 2 F YRS. 90 3/1/1899 097-14-2650 Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Fernwood House Bethesda Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Montgomery Bethesda 1 T YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the burial-transit 5912 Chatsworth 20814 Lane U.S.A. by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Merried Specify: White IF YES, OIVE WAR OR DATES BY 3 💢 Widowed 4 🗌 Divorced CTED. 15, DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) detached for COMPL 12 Bookkeeper (Retired) Wholesale Meat Company 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 8 76 Barnet Siegel Becky Mandel BE notified page 5 should 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Boute Number City or Town State Zio Code) 2 5912 Chatsworth Lane; Bethesda, Md. 20814 (Daughter) Selma Poritzky 9 20a METHOD OF DISPOSITION
1 \(\tilde{\text{M}}\) Burial 2 \(\text{Cormation}\) Cremation 3 \(\text{Ramoval from State}\) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State must director, Pleasant Cemetery Valhalla, New York 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. the funeral 1170 Rockville Pike; Rockville, Md. 20852 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or heart fellure. List pnly pne cause pn each line. Interval Between 6 **Onset and Death IMMEDIATE CAUSE (Final** cremation, the disease or condition NEUMODIA attending physician and completely ental Hygiene prior to burial, cremative WKS reaulting in death) event, OUE TO (OR AS A CONSEQUENCE OF): shows any injury, or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING has been signed by the attending physicial Dept, of Health and Mental Hygiene prior CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OR ATTENDING PHYSICIAN: The r this certificate h Hem HOSPITAL -1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 8 ☐ Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c, INJURY AT WORK? 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCUREO marked, 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death w BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 80 3 Suicide 8 Could not be COMPLETED 28 4 Homicide item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL (= HOSPITAL 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I ATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE mi Jan. 640 30,1990 2 AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) 10 5410 Connecticut Avenue, N.W.; Washington, D.C. 20015 JON M. WISEMAN. M.D. FEB 05 '90 32. REGISTRAR'S SIGNATURE Suria Davidson Randoll.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MONTHS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

MIN.

DAYS

REG. NO

YEAR

11:30

e. BIRTHPLACE (State or Foreign

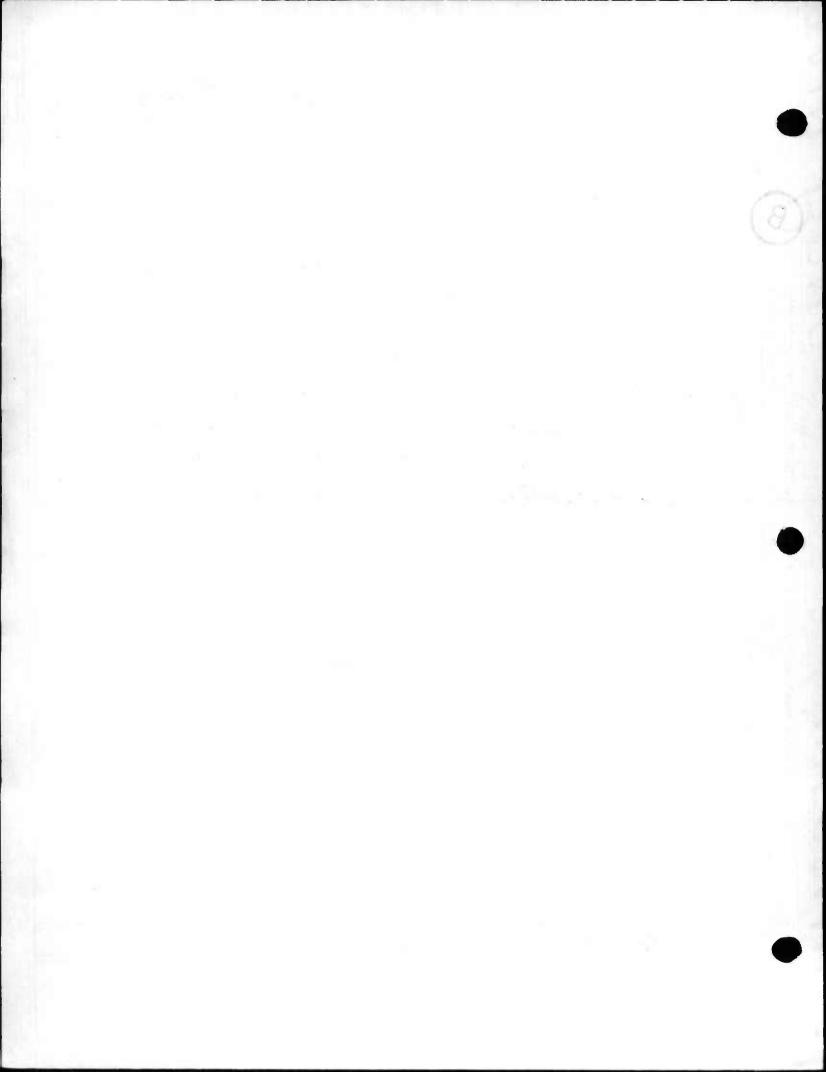
1990

2. DATE OF OEATH

January

7. DATE OF BIRTH

OHMH-18 Rev 1/89



Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

3

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE O	F DEATH	P	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH
ODA WAYNE CROST	FN				02	01	90	05:28 am™
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF E	BIRTH	8. BIRT	HPLACE (State or Foreign
217101146	1 🕅 M 2 🗆 F	77 YRS.	MONTHS DAY	8 HOURS MIN.	(Month, De	y, Year) 25-12	LLOS	t Virginia
9e. FACILITY NAME (If not institution, give st	mod and number)	//	Oh CITY TOW	N OR LOCATION OF D	-		c. COUNTY OF	
					EAIH			
SACRED HEART HOSP	ITAL		CUMB	ERLAND			<u>ALLEGA</u>	NY
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
			•					LIMITS?
	EGANY	Cun	<u>ıberlar</u>					1 - YES 2) - NO
10e. STREET AND NUMBER				101. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
Route 1, Box 129				21502			USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED		DECENDENT OF HISPA			No- 14. BA	CE — American Indian, ck, White, etc.
1 Never Married 2 Married	FORCES? 1 YE			specify Cuben, Mexica res 2 [X] NO Specif		n, etc.)		oth:
3 X Widowed 4 Divorced								White
15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIN	ND OF BUSINE	ESS/INDUSTRY	
(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT us	vork done duning se retired.)	most of working				
Unknown		Fork Lif	t Oper	ator	Sup	er Con	crete	Co.
17. FATHER'S NAME (First, Middle, Last)	*	11 01 K = 11	0 0001	18. MOTHER'S NA				
John Crosten				Mary		.,	,	
19e. INFORMANT'S NAME (Type/Print)							-0.40	
				et end Number or Rural				
Charles Crosten				ac Hill -	Mt. Si			
20a, METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Remo	oval from State	29b. PLACE OF OISPOS other place)	SITION (Name of	cemetery, crematory or		20c. LOCAT	ION — City or	Town, State
4 Donetion 8 Dother (Specify)	20 NO. 1 TEX	Restlawn	Memor	ial Garde	ns	LaV	ale. M	arvland
21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22, NAM	ial Garde	CILITY			
Donal D.7	ochence			rge-Upchu				
23. PART I. Enter the diseases, or o		and the death. Do r		Greene S				Approximate
shock, or heart failure.		anch line				•	ory arrest,	Interval Between
iMMEDIATE CAUSE (Final disease or condition	CIL	- C		1	1	0		Onset and Death
reaulting in death)	charles,	2 Jevere	Chier	u lurg	de	Kaal		
	DUE TO USE A	A CONSEQUENCE OF	P: / L	0				
	MCILLO	GUM						
Sequentially list conditions	b							
Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF	F):					
If any, leading to immediate cause. Enter UNDERLYING	c							
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	S A CONSEQUENCE OF					-	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c							
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR A:	S A CONSEQUENCE OF	F):					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO (OR A:	S A CONSEQUENCE OF	F):	ying cause given in	ı Part I, 24	a. WAS AN AUT		Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR A:	S A CONSEQUENCE OF	F):	ying cause given in			:0?	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR A:	S A CONSEQUENCE OF	F):	ying cause given in		PERFORME	:0?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR A:	S A CONSEQUENCE OF	F):	ying cause given in		PERFORME	:0?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR A:	S A CONSEQUENCE OF	in the underl		1	PERFORME	:0?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR A	s A CONSEQUENCE OF	in the underl	B. PLACE OF DEATH (C	heck only one)	PERFORME	:0?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR A	S A CONSEQUENCE OF	in the underl	8. PLACE OF DEATH (C	heck only one) 8 Other (S)	PERFORME YES 2	107 MO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR A	h but not resulting	20 OTHER: 4 Nursing	8. PLACE OF DEATH (C) Home 5 Residence INJURY AT	heck only one) 8 Other (S)	PERFORME YES 2	:0?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR A: d. HOSPITAL: 1 Propertient 2 = ER/O 28e. DATE OF INJUR (Month, Day, Yea	but not resulting	2: OTHER: 4 Nursing IEOF 28c.	8. PLACE OF DEATH (C Home 5 Residence INJURY AT WORK? YES 2 NO	heck only one) 8 Other (S) 28d, DESCRI	PERFORME YES 2 Pecify) HBE HOW INJU	URY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR A: d. HOSPITAL: 1 Propertient 2 = ER/O 28e. DATE OF INJUR (Month, Day, Yea	but not resulting butpetient 3 DOA TY 28b. TIM	2: OTHER: 4 Nursing IEOF 28c.	8. PLACE OF DEATH (C Home 5 Residence INJURY AT WORK? YES 2 NO	heck only one) 8 Other (S) 28d. DESCRI	PERFORME YES 2 Pecify) HBE HOW INJU	URY OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR A: d	but not resulting butpetient 3 DOA TY 28b. TIM	2: OTHER: 4 Nursing IEOF 28c.	8. PLACE OF DEATH (C Home 5 Residence INJURY AT WORK? YES 2 NO	heck only one) 8 Other (S) 28d. DESCRI	PERFORME YES 2 pecify) IBE HOW INJU	URY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR A: d	but not resulting butpetient 3 DOA AY 28b. TIM IN. JRY — At home, farm, Specify)	OTHER: 4 Nursing E OF 28c, JURY 1 street, factory,	8. PLACE OF DEATH (CI Home 5 Residence INJURY AT WORK? YES 2 NO	8 Other (S) 28d, DESCRI 28f, LOCATIC City or 1	PERFORME YES 2 pecify) DN (Street end own, State)	URY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 296. CERTIFIER (Check only	DUE TO (OR A: d	but not resulting butpetient 3 DOA Y 28b. TIM IN. JRY — At home, farm, howledge, death occurrences	OTHER: 4 Nursing IE OF 28c. JURY M 1 street, factory,	B. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office	B Other (S) 28d. DESCRI 28f. LOCATIC City or 8	PERFORME YES 2 pecify) IBE HOW INJU ON (Street end own, State)	URY OCCURED Number or Rurs	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR A: d	but not resulting butpetient 3 DOA Y 28b. TIM IN. JRY — At home, farm, howledge, death occurrences	OTHER: 4 Nursing IE OF 28c. JURY M 1 street, factory,	B. PLACE OF DEATH (C. Home 5 Residence INJURY AT WORK? YES 2 NO office dete end place, and duen, death occurred at the	8 Other (S) 28d. DESCRI 28f. LOCATIC City or T	PERFORME YES 2 Decify) IBE HOW INJU ON (Street end own, State) e) end menned d place, and d	JRY OCCURED Number or Rura r es stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO If Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 296. CERTIFIER (Check only	DUE TO (OR A: d	but not resulting butpetient 3 DOA Y 28b. TIM IN. JRY — At home, farm, howledge, death occurrences	OTHER: 4 Nursing IE OF 28c. JURY M 1 street, factory,	B. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office	8 Other (S) 28d. DESCRI 28f. LOCATIC City or T	PERFORME YES 2 Decify) IBE HOW INJU ON (Street end own, State) e) end menned d place, and d	JRY OCCURED Number or Rura r es stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A: d	but not resulting butpetient 3 DOA And DOA Try 28b. TIM IN. JRY — At home, farm, specify) nowledge, death occurrention end/or investigation	OTHER: 4 Nursing E OF 28c, JURY M 1 street, factory, and at the time, on, in my opinion	B. PLACE OF DEATH (C. Home 5 Residence INJURY AT WORK? YES 2 NO office dete end place, and duen, death occurred at the	8 Other (S) 28d. DESCRI 28f. LOCATIC City or T	PERFORME YES 2 Decify) IBE HOW INJU ON (Street end own, State) e) end menned d place, and d	JRY OCCURED Number or Rura r es stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO If Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A: d	but not resulting butpetient 3 DOA And DOA Try 28b. TIM IN. JRY — At home, farm, specify) DEATH (ITEM 27) (Type	OTHER: 4 Nursing BE OF 28c, JURY M 1 street, factory, on, in my opinio	B. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office dete end place, and du on, death occurred at the	8 Other (S) 28d. DESCRI 28f. LOCATIC City or T	PERFORME YES 2 Decify) IBE HOW INJU ON (Street end own, State) e) end menned d place, and d	JRY OCCURED Number or Rura r es stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO If Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	DUE TO (OR A: d	but not resulting butpetient 3 DOA Y 28b. TIM IN. JRY — At home, farm, howledge, death occurr ation end/or investigation DEATH (ITEM 27) (Type ISHOP WAL	OTHER: 4 Nursing BE OF 28c, JURY M 1 street, factory, on, in my opinio	B. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office dete end place, and du on, death occured at the	8 Other (S) 28d. DESCRI 28f. LOCATIC City or T	pecify) IBE HOW INJU ON (Street end own, State) e) end menneed d place, and d	JRY OCCURED Number or Rura r es stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO If Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A: d	but not resulting butpetient 3 DOA Y 28b. TIM IN. JRY — At home, farm, howledge, death occurr ation end/or investigation DEATH (ITEM 27) (Type ISHOP WAL	OTHER: 4 Nursing BE OF 28c, JURY M 1 street, factory, on, in my opinio	B. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office dete end place, and du on, death occured at the	beck only one) 8 Other (S) 28d. DESCRI 28f. LOCATIC City or X to the cause(to the cause)	pecify) IBE HOW INJU ON (Street end own, State) e) end menneed d place, and d	DRY OCCURED Number or Rurs r es stated. Rue to the cause 9d. DATE SIGNI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO If Route Number,

, 3

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE STATE OF MARYLAND / DEPARTMENT OF DEATH REG NO												
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATN						
	4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UN				INDER 1 YEAR				()	10.10 RM		
	215 26 3749 1 M 2 x 79 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) Wash							Wash. DC				
	98. FACILITY NAME (II not Institution, give street and number) Calvert Memorial Hosp. Prince Frederick Calvert RESIDENCE OF DECEDENT											
	10s. STATE 10b. COUNTY 10c. CITY, TOX				OWN OR LOCATION				10d. INSIDE CITY			
PERIED BI FONERAL DI	MD Calvert Pri			nce Frederick			1 D YES			☐ YES 2 HO		
	115 Terrace Drive				101. ZIP CODE 20678			109. CITIZEN OF WHAT COUNTRY? USA				
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specififyea, apecify Cuben, Maxican, Puerto Rican, etc. 1 YES 2 NO Specify:								
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USU			k done durina mo	done during most of working				BUSINESS/INDUSTRY			
	Elementary/Secondary (0-12) College (1-4 or 5+) houses											
	17. FATHER'S NAME (First, Middle, Lest)	17. FATHER'S NAME (First, Middle, Lest)			18. MOTNER'S NA	ME (First, A	liddle, Maiden	Sumame)				
	Kinjiro Matsudair	a						ivener				
2	196. INFORMANT'S NAME (Type/Print) Marjorie Trott 19b. MalLiNG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) same as 10 above							de)				
20a. METNOD OF DISPOSITION 1 & Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Fort Lincoln Cem.						20c. LOCATION — City or Town, State Brentwood (PG) MD						
	21. SIGNATURE OF FUNDAL SERVICE LIGHTS 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home Owings.						ings,	MD	20736			
Seni Iricani Oiv	shock, or heart failure. List only ona ceuse on each line. Interval Between Onset and Death Interval Betwe											
	resulting in death) LAST											
	PART II. Other algnificent conditions contributing to death but not resulting in the							24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL	25 MAR CARE DECEDOED TO MEDICAL										
	EXAMINER?	XAMINER? HOSPITAL: OTHER:					8. PLACE OF DEATN (Check only one) Nome 5 Residence 9 Other (Specify)					
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)		28b. TIME (OF 28c, INJ	28c. INJURY AT 28d. I WORK? M 1 YES 2 NO		28d. DESCRIBE NOW INJURY OCCURED					
	1 Natural 5 Pending 2 Accident Investigation											
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Fural Route Number, City or Town, State)								le Number,			
CIMIC PE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
	296. SIGNATURE AND STILE OF CENTIFIER				29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)				
	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (SIGN. Prop				D26358			1-28-90				
	JOHN H. WEIBER US - PRINCE FREDERICK MA											
	II. DATE FILED (MOOTH). DOWN YOUT 1990 FILEND JOHNAN'S SIGNATURE 20 678											

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

JAN 24 '90

	FOR 1 - STATE REGISTRAR	STATE OF MAR				EALTH AND N DEATH		HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)		mbie Cum		· · · · ·		2. DATE OF MONTH	DEATH DA	, a C	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 179-12-9637	5. SEX 6. AGE (In yrs. lest birthdey) 1 M 2 F 65 YRS.			MITTHE DAVE MOVING MINI			BIRTH (19) 14,19	BIRTHPLACE (State or Foreign Country) Cennsylvania		
OR	Pa. FACILITY NAME (It not institution, give street, and number) Harford Memorial Hosp,			96. CITY, TOWN OR LOCATION OF DEA			ATH 9c. COUNTY OF DE			OF DEATH FORD	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Harford			10c. CITY, TOWN OR LOCATION Edgewood					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1604 Emmorton Road				101. ZIP CODE 21040				10g, CITIZEN OF WHAT COUNTRY?		
8≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES								ae or No- 14. RACE — American Indian, Black, While, etc. Specify; White		
COMPLETED	(Specify only highest grade completed) (Give iii) Flamouter/Specified (0.12) College (1.4 or 5.4)			EDENT'S USUAL OCCUPATION Is kind of work done during most of working Oo NOT use retired.) EWIFE				16b. KIND OF BUSINESS/INDUSTRY			
BE CON	17. FATHER'S NAME (First, Middle, Leat) Leo Paul Keanon 18. Mother's NAME (First, Middle, Maiden Surname) Elsie L. Boliski										
TO 8	190. INFORMANT'S NAME (Type/Print) Merlin B. Cumbie 180. Marling address (Street and Number or Rural Rouse Number City or Town, State 710 Code) 1604 Emmorton Road, Edgewood, Md. 21040										
				rd Memorial Gardens 20c. LOCATION — City or Town, State Aldino, Md.							
	21, SIGNATURE OF FUNERAL SERVICE LIC	Mr-Cav	nes III	7 :	Howard	o adoress of fac 1 K. McCo Cokesbury	omas I			Home, P.A. ,Md. 21009	
	23. PART I. Enter the diseeses, or c shock, or heert feliure. I IMMEDIATE CAUSE (Final disease or condition		on each line.				h as cardie	c or reepi	ratory arrea	t, Approximate interval Between Onset and Death	
	a. DUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING	-	CA CHARIC CA A LAGA								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	DUE TO (OR AS A CONSEQUENCE OF):				77.				
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDING PERFORMED? 1 YES 2 N-NO 24b. WERE AUTOPSY FINDING OF CAUSE OF DEATH?										
AN: M	1 □ YES 2 → NO										
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO										
ву РНУ	27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 1 Natural 6 Pending Investigation Investigation							REO			
8	3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
8E	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) 1/2/2/3/3/3/3/90										
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE O	F DEATH (ITEM 27)	Type, Print)						26.024	

800 S.

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

UNION AVE

2/071

HAVRE de GADER

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR	STATE OF M			TMENT (ITAL HYGIE				
1. OECEOENT'S NAME (First, Middle, Last,)						2. 0	DATE OF DEATH			3, TIME OF DEATH	
	John	Не	nry	Che	eezi	ım	, M	1 2	S 8	90	2:00 pM	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:		IF UNDER 1 Y	-	IF UNDER 24 H		7. DATE OF BIRTH 8. BIRT			THPLACE (State or Foreign	
216-14-2390	1 🕅 M 2 🗆 F	83	YRS.	MONTHS D	AYS F	IOURS MI	IN. (I	01 08	07	Mai	ryland	
9e. FACILITY NAME (If not inetitution, give				9b. CITY, TO	OWN OR	LOCATION O	OF DEATH		9c. COI	UNTY OF D	DEATH	
Memorial Hospi	tal			E	asto	on			Ta	albot	t	
RESIDENCE OF DECEDENT 100. STATE 10b. COUN	TV		100 CITY	, TOWN OR	LOCATIO						10d. INSIDE CITY	
	lbot			ordo		TN .					LIMITS?	
Maryland Tal	LDOL			orao							1 YES 2 X NO	
A .						2162	_		1	S.A	WHAT COUNTRY?	
Skipton Road												
11. MARITAL STATUS 1 Never Merried 2 Married		YES 2 X	RMED NO	If y	es, speci	Ify Cuban, M	exicen, Pu	RIGIN? (Specify Yerto Rican, etc.)	es or No—	14. RACI	E — American Indian, k, White, etc.	
3 XWidowed 4 Divorced	IF YES, GIVE W	AR OR OATES		10	YES 2	X) NO S	ipecity:			Spec		
15. DECEDENT'S ED	HICATION	18e DI	CEDENTIC	USUAL OCCI	IDATION			18b. KIND OF B	HEIMERS (II.		hite	
(Specify only highest grad	de completed)	(G	live kind of w	ork done dun e retired.)	ing most	of working		166. KIND OF B	USINESS/IN	IDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		ente				car	pent:	r 17		
17. FATHER'S NAME (First, Middle, Last)			Carp	CITCC								
	on Chang				- 1			irst, Middle, Meide				
William Walto	on cheez	Neezum Wilhemina Fisher 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)										
19e, INFORMANT'S NAME (Type/Print)		19									-	
J. Doug Chee								lova, l		2162		
20g METHOD OF DISPOSITION 2 1 X Burial 2 Cremation 3 Re	moval from State	other p	(ace)			tery, cremator			OCATION -			
4 Donation 5 Other (Specify)		Gre	eenmo			neter			llsb	oro	, Maryland	
21, SIGNATURE OF FUNERAL SERVICE L	ICENSEE					ADDRESS C		al Hom	_			
JOHN R.	MEZC	ロフ~ .)			n, M			е			
23. PART I. Enter the diseases, Di			eath. Do n						piretory s	rrest.	Approximate	
ahock, or heart fellure	. List only one ceu	se on each line	Ð.						,		Interval Between Onset and Death	
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resulting in death)	e	UCHTA COBJAS A CONSE CORJAS A CONSE	OLIENCE OF	(7.	וזומיד				
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that initiated events resulting in death) LAST	302.10	(011 70 7 001102	OULHOL OF	,.							į '	
	d											
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DEMER	NTA								ORMED?		AMILABLE PRIOR TO COMPLETION DF CAUSE	
								1 TYES	2 MO		OF DEATH?	
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25. WAS CASE REFERRED TO MEDICAL	1				06 01 44	CE OF DEATI	H (Charles	-1				
EXAMINER?	HOSPITAL:		_	OTHER:	***			, ,				
1 YES 2 NO	1 Inpatient 2							Other (Specify)		AD1 10		
1 Natural 5 Pending 2 Accident investigation	28e. DATE OF (Month, De	ny, Your)	28b. TIMI		8c. INJUF WORK 1 YE	RY AT K? S 2 N		DESCRIBE HOV	V INJURY O	CCURED		
3 Suicide 6 Could not b	28e. PLACE O	F INJURY — At he	ome, farm, a	treet, factory	y, office		281.	LOCATION (Street City or Town, Sta	et and Numb te)	er or Rurai	Aoute Number,	

29e. CERTIFIER (Check only one)

296. SIGNATURE AND TITLE OF CHATFIER

PLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

MON 403 MARNEL CT EASTON MO 21601

RAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Degr. or Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF M			TMENT ICATE				MENTAI	HYGIEN REG. NO.			0004	0
	1. DECEDENT'S NAME (First, Middle, Last)						DEA		2. DATE	OF DEATH		1	TIME OF DEATH	
	THE CHOOL SECTION SECT	. Cherep	ow						MONTE OI	D/	ž4 '	90	6:25	A _M
	4. SOCIAL SECURITY NUMBER 113-07-0832	5. SEX 1 💯 M 2 🗌 F	6. AGE (In yrs. las	t birthday) YRS.	MONTHS 1	DAYS	IF UNDER	24 HRS. MIN.	(Month	OF BIRTH , Day, Year) 8- 19(Country)	CE (State or Forei	
	9a. FACILITY NAME (If not institution, give str	set end number)	0.5		9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATN			
DIRECTOR	Wicomico Nurs	ing Home			Salisbury						Wicomico			
EC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					100	I. INSIDE CITY	
5	MARYLAND WI	COMICO			SALISBURY							1 [YES 2 N	0
AL	10. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZEN	OF WHAT	T COUNTRY?	
EH	1309 E MIDDLENE				218	301			Ţ	JSA				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	IMED NO	If	yes, sp	ENDENT Code 2 XNO	n, Mexice	n, Puerto F	? (Specify Yee licen, etc.)	or No.— 14.	Black, W Specify:	Americen Indian, hite, etc.	,		
ED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION Completed)	16a. DE	CEGENTS	USUAL OC	CUPATIO	N of weeking		16b.	KIND OF BUS	SINESS/INDUST		LIL	
COMPLETED	Elementary/Secondary (0-12)	. Do NOT us	ACIST		St OF WORKE	79		DU.	ARMACY					
OM	17. FATNER'S NAME (First, Middle, Last)	YES UN		ПАКТИ	30131		18. MOT	HER'S NA	ME (First. A	I III fiddle, Maiden				
BE C	JOHN	•	CHEREPO	W					ZABET			EZSA		
10	190. INFORMANT'S NAME (Type/Print) LINDA R. CHEREPOW	1		6. MAILING 2010							n, State, Zip Coo WASHT		N 9802	21
	20a. METHOD OF DISPOSITION (Name of cametery, cremetory or 20c. LOCATION — City or Town, State													
	4 Donation 5 Other (Specify)		SALIS	lecel							ISBURY			
	21. SIGNATURE OF FUNERAL SERVICE LICO	ensee It for	Olores	rec						HOME,P	A BURY,	MD	2 180 1	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Bilateral Pneumonia DUE TO (OR AS A CONSEQUENCE OF):													
LION	Sequentially list conditions, If any, leading to immediate Advanced ASCVD DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Age	OR AS A CONSE	OUENCE O	P):									
	PART II. Other significent conditions													
PHYSICIAN: MEDICAL		out is diffigure				uarryin;	Cause		_	24e. WAS AN PERFOR	RMED?	CO OF	RE AUTOPSY FINI AILABLE PRIOR TO IMPLETION OF CAI DEATH?	UBE
AN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF D	EATN (Ch	eck only on	e1				
SIC	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	t:			6 🗆 Othe	,				
РНУ	27. MANNER OF DEATH	28a. DATE OF (Month, De	INJURY	28b. TIM	IE OF	28c. INJ		e diagnice			NJURY OCCUR	ED		
ED BY	1 X Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	ome, ferm,	M 1 YES 2 NO					ATION (Street or Town, State)	and Number or I	Rural Rout	e Number,			
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE											suse(e) en	nd manner as sta	ted.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER					,	29c. LIC	ENSE NUI	MBER		29d. DATE SI	GNED (Mc	onth, Day, Year)	
TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Time	(2)		D	0202	0) 01	/24/	90	

3 Bay St. Berlin, Md. 21811

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)

32 REGISTRAR'S SIGNATURE

Federico G. Arthes, M.D.

31. DATE FILED (Month, Day, Year)

AN 25'90

32. REGISTRAN'S

FILED CANADAM

33. REGISTRAN'S

DHMH-16 Rev 1/89

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221-28-5407 Me 2 or handled of the h			1111		ian Ça	ddell,		2. DATE OF I	DEATN DAY	EAR /	ME OF DEATH A				
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Secretary Control Co	ift. Pages 1		Maryland Cecil				OCATION				LIMITS?				
The first state of the state of		RAL									COUNTRY?				
S. S. S. S. S. S. S. S. S. S. S. S. S. S			11. MARITAL STATUS 1 Never Merried 2 Married	WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D.	2 NO	If yes	DECENDENT OF NISPAI s, specify Cuben, Mexico	in, Puerto Ricar	pecify Yea or No — 14	I. RACE — Ar Black, White	e, etc.				
Emeratory Secondary (0-tot) College (1-tot 6-tot) Sales Manager To FATHER'S NAME (Park, Modils, Lam) Clarence Caddell The MOTHER'S NAME (Park, Modils, Lam) Clarence Caddell The MOTHER'S NAME (Park, Modils, Lam) Clarence Caddell The MOTHER'S NAME (Park, Modils, Lam) Clarence Caddell The MOTHER'S NAME (Park, Modils, Lam) Clarence Caddell The MOTHER'S NAME (Park, Modils, Lam) The Mother's Secondary (0-tot) Seconda	as as	E	16. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY												
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4 Gonzalon S Cohersion S Coher	nay be		20s. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of competers, cremetory or 20c. LOCATION — City or Town.												
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PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PROPRIOR TO COMPLETON OF CAUSE OF DEATH (Check only one) 1	certificate be executing physician and ygiene prior to but other traumatific other traumatifications.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d												
26. PLACE OF DEATH (Check only one) 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Inpetient 2 ER/Outpetient 3 DOA A Nursing Home 5 Residence 6 Other (Specify) 28. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 DOA A Nursing Home 5 Residence 6 Other (Specify) 28. DATE OF INJURY AT WORK? 1 VES 2 NO 28. DATE OF INJURY AT WORK? 29. DATE 3 DATE 4 DATE 3 DATE 3 DATE 4 DATE 5 DATE 5 DATE 5 DATE 5 DATE 5 DATE 5 DATE 5 DATE 5 DATE 5 DATE	the d	- 1		nellitu	7		lying cause given in		PERFORMED?	COM	ABLE PRIOR TO PLETION OF CAUSE				
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A COURT ON THE BOOM Street and Number or Rural Route Number, City or Rwm, Street, factory, office 2	Ness E	SICIAN	EXAMINER? He		nation: 3 DOA	OTHER:		7.5.7							
2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 27e. LiCanton (Street and Number or Rural Route Number, City or Rwm, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 2	YSICIA s certif th the td, or	H	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. Til	ME OF 284	: INJURY AT	T		RED					
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and due to the cause(a) and manner as stated. The signature and title of certifier Depth Medical Examinary D 17 691 Tom 28 199 Tom C. Genzaliz-Vital MD Vnion Hospital Electric Month, Day, Year) 30. NAME AND RODRESS OF PERSON WHO COMPLETED GAUSE OF DEATN (ITEM 27) (Type, Print) Tom C. Genzaliz-Vital MD Vnion Hospital Electric Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	After this death will be market	BY	2 Accident Investigation	28e. PLACE OF INJURY	/ — At home, farm,	M 1	YES 2 NO			Rural Route	Number,				
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. The signature and title of certifier Depth Medical Examinary 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Veer) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print) That C. Genzaliz-Vital MD Union Hospital Elika MD 21921 31. DATE FILED (Month, Dey, Veer) 32. REGISTRAR'S SIGNATURE	ATTEN ECTOR: IS after IN 28	ETE	4 Nomicide determined	building, arc. (Spe	City)			City or ic	wn, Stille)						
Dept Medicl Exminer D 17691 Jan 28, 199 30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Typo, Print) Tran C. Gonzaliz-Vital MD Union Hospital Elkton MD 21921 31. DATE FILED (Morith, Day, Your) 32. REGISTRAR'S SIGNATURE	SPITAL OR VERAL DIR Nin 72 hou VT: If Iter	OMPL	Check anty								manner sa stated.				
Juan C. Genzalez-Vital MD Union Hospital Elkton MD 21921 31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE	TO THE HO TO THE FUI Do filed with	BE	286. SIGNATURE AND TITLE OF CERTIFIER	Depty	ledicals	Exmin	29c. LICENSE NU	MBER 691	29d. DATE	SIGNED (Mon	th, Day, Your)				
Marie a tea		F	The Comment	DMPLETED GAUSE OF DE			Hospita	RE	1kton/	n).	21921				
UPIN A VIOLETTI Charles Alberta Alberta Con			JAN 30 '90			24.00									

Lidia Savidron Randall

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dical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146	THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete for authority hours after death with the State Debt. of Health and Mental Hydiene prior to burlal, creming	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event
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REGISTRAR		CI	ERTIF	ICATI	E OF	DEA	ГН		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest	Jeffery	Clev	elan	d				MONT			YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	Calla		1 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	0.23.19	990		PLACE (State or Foreign	
579-82-7608	1 🕅 M 2 🗆 F	24		MONTHS	DAYS	HOURS	MIN.	Mar	h, Day, Year) 7.19	65	Countr	lahoma	
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCATION OF D								INTY OF D		
4523 Pinkard	Place				Capi	tal	Heig	hts		i	rinc	e Georges	
RESIDENCE OF DECEDENT			10c, CITY, TOWN OR LOCATION									10d. INSIDE CITY	
IUI. STATE 100. COON	LV.		Washington, D.C.									LIMITS?	
10e. STREET AND NUMBER			101. ZIP CODE							10g. Cf1	IZEN OF V	VHAT COUNTRY?	
724 Irving St.	NE Apt #	1	20017								U.S.	٨	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF				ENDENT	OF HISPAN		N? (Specify Yes	or No—	14. RACE	- American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2	NO				an, Mexica Specify		Rican, atc.)		Speci	Black	
15. DECEDENT'S ED	16a. DI	ECEDENT'	S USUAL C	CCUPATIO	ON .		15t	. KIND OF BU	SINESS/IN	DUSTRY	Diagn		
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	Mr.	(Give kind of work done during most of working life. Do NOT use retired.)										
11	C.	Clerk						rivate	e Bus	sines	S		
17. FATHER'S NAME (First, Middle, Lant)				16, MOT	HER'S NA	ME (First,	Middle, Meiden	Surname)					
Tilde J C1 19a. INFORMANT'S NAME (Type/Print)	eveland						eta		Johnson	_			
	1								iber, City or Tow				
Sharon Clevelan	<u>a</u>	20b. PLACE)t #	.C. 20017				
1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	other p	viece)	Hill			0.3		Suitland MD				
21. SIGNATURE OF FUNERAL SERVICE	CENSEE		edar	22	NAME A	O ADDR	ESS OF FA	CILITY	1.50				
Pohoma F. Wilhelm T. 4308 Suitland Rd.													
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
shock, or heart failure. List only Dna cause Dn sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or As a conscouence opt: Sequentially list conditions, Due to (or As a conscouence opt: Due to (or As a conscouence opt:											Onset and De		
Sequentially list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CONSE	EOUENCE	OF):	-	(Ma	-0		zuce				
CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
resulting in death) LAST	d												
PART II. Other eignificant condition	ons contributing to	death but not	ot rasulting in the underlying causa given in					Part I.	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			24b. WERE AUTOPSY FINDII MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF	DEATH (C	heck only o	one)				
1 YES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA		irsing Hon	- 1	Rasidence	_	er (Specify)				
27. MANNER OF OEATH 1 Natural 5 Pending Investigation		F INJURY Day, Year)		IME OF NJURY M		JURY AT ORK? YES 2	□ NO	28d. DE	ESCRIBE HOW	INJURY O	CCURED		
2 Accident Investigation 3 Suicide 5 Could not 8 4 Homicide detarmined	nome, farm	ı, street, fa	ctory, offic	10		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
CONSUM UNITY	YSICIAN: To the best of											a) and menner as state	
296. BIGNATURE AND TITLE OF CERTIF	TER					29c. LI	CENSE NU	MBER		29d. D	ATE SIGNE	D (Month, Day, Year)	
vived whit	ny					PI	716	2			1/2	3/90.	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	ISE OF DEATH (IT	EM 27) (Ty		wy	U-	PCR	-ma	re/50	no .	40.	207724	
31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	200_							1			

Stephen P. C 31. DATE FILEO (Morrith, Day, Year) JAN 24 90

Carney,

M.D

32. REGISTRAR'S SIGNATURE
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has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 23 chours any Injury, or other traumaile event. The medical is	
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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, M	Middle, Last)	OIRIE OI W		ERTIF		OF D				REG. NO.		YEAD		NE OF DEATH
		EI	LEN A	COOPE	IR.					WOITH .	L 28	9(YEAR	1	2;30PM _M
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. las		IF UNDER		F UNDER 24	HRS.	7. DATE OF (Month, D			8. BIRTI Count	HPLACE	(State or Foreign
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-	Sa. FACILITY NAME (If not inst					9b. CITY,	TOWN OR E		OF DE	ATH			NTY OF D		
2	Memorial		ital				EAS	STON					albo	ot	
DIRECTOR		10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCATION	٧				10d. I	NSIDE CITY		
DIR	Maryland	Ta	lbot		E	asto	n								JMITS? YES 2 NO
AL	10e. STREET AND NUMBER						101. ZI	P COOE			10g. CITIZEN O				OUNTRY?
出	Rt 1 Box 2	53						21	601			U	.S.	Α.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 XN 3 Wildowed 4 Divorce		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2X	RMED	11		ly Cuban, I	Mexican	IC ORIGIN? (I n, Puerto Rici		or No-	Spec	://y:	nerican Indian, a, etc.
ETED		DENT'S EDU		16a. DE	ECEDENT'S	USUAL OC	CUPATION			16b. KI	ND OF BUS	SINESS/INI		hit	e
E.	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +)														
COMPL	11			5	sten	ogra	pher								
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (F														
H	Elmer Johnson Hannah														
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles E. Cooper Rt 4 Box 253 Easton MD 21601														
1				20h BI ACE						ston		216			
	20c. METHOD OF DISPOSITION 1/23/90 XIX Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State Woodlawn Memorial Park Easton, Maryland														
	4 Donation 5 Other (Specify) WOOdlawn Memorial Park Easton, Maryland 22. NAME AND ADDRESS OF FACILITY														
	Newnam Funeral Home														
	TOHP R. MERCERON Easton, Maryland														
	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, App														Antiquidada
	shock, or he	seases, or	complications tha	t coused the de	eath. Do i	E	asto	n. I	Mar	vlan	đ		reet,	1	Approximata interval Between
	shock, or her	ert fellure.	complications tha	t coused the de	eath. Do i	E not enter	asto the mode	of dying	Mar g, such	vlan	đ		reet,		
	shock, or her	ert fellure.	complicatione tha List only one ceu a.	t coused the de	o. 	E not enter	asto	of dying	Mar g, such	vlan	đ		reet,		interval Between
SATION	shock, or her immediates or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLYIM	peases, or ert feliure. ei	a. DUE TO	t coused the de	OUENCE O	Enot enter	asto the mode	of dying	Mar g, such	vlan	đ		reet,		interval Between
ERTIFICATION	shock, or her IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leeding to immedi	ons, liste	a. DUE TO	t coused the dese on each line (OR AS A CONSE	OUENCE O	Enot enter	asto the mode	of dying	Mar g, such	vlan	đ		reet,		interval Between
CE	shock, or her immediates or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLYIN CAUSE (Disease or injurt that initiated events	ons, liste	a. DUE TO b. DUE TO c. OUE TO	(OR AS A CONSE	OUENCE O	Enot enter	asto the mode	on of dying	Mar g, such	Part I. 2	đ	AUTOPSY		COMP	interval Between
MEDICAL CE	shock, or her immediates or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events resulting in death) LAST	ons, liste	a. DUE TO b. DUE TO c. OUE TO	(OR AS A CONSE	OUENCE O	Enot enter	asto the mode	on of dying	Mar g, such	Part I. 2	d or respi	AUTOPSY BMED?		COMP OF DI	AUTOPSY FINDINGS ABILE PRIOR TO LETION OF CAUSE
MEDICAL CE	shock, or her immediates or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	eneses, or ert feilure.	a. DUE TO b. DUE TO c. OUE TO	(OR AS A CONSE	OUENCE O	Enot enter	asto the mode	on of dying	Mar g, such	Part I. 2	d or respi	AUTOPSY		COMP OF DI	AUTOPSY FINDINGS ABLE PRIOR TO LECTION OF CAUSE ATT?
MEDICAL CE	shock, or her immediates or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST PART II. Other significant in the condition of the	eneses, or ert feilure.	a. DUE TO b. DUE TO c. OUE TO	(OR AS A CONSE	OUENCE O	Enot enter	asto the mode	of dying	Mar g, such	Part I. 2	d or respi	AUTOPSY		COMP OF DI	AUTOPSY FINDINGS ABLE PRIOR TO LECTION OF CAUSE ATT?
MEDICAL CE	shock, or her immediates or condition resulting in death) Sequentially list condition from the condition of	eneses, or ert feilure.	B. DUE TO DUE TO C. OUE TO d. HOSPITAL: 11 Inpatient 2	t coused the dese on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not i	OUENCE O	Enot enter	asto the mode derlying c 28. PLAC t:	of dying	Mary, such	Part i. 24	e. WAS AN PERFOR	AUTOPSY	241	COMP OF DI	AUTOPSY FINDINGS ABLE PRIOR TO LECTION OF CAUSE ATT?
PHYSICIAN: MEDICAL CE	shock, or her immediates or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST PART II. Other significant in the condition of the	condition	DUE TO DUE TO C. OUE TO d. HOSPITAL:	t coused the dese on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not i	OUENCE O	Enot enter	derlying c	of dying of dying cause giv	Mary, such	Pert i. 2	e. WAS AN PERFOR	AUTOPSY	241	COMP OF DI	AUTOPSY FINDINGS ABLE PRIOR TO LECTION OF CAUSE ATT?
BY PHYSICIAN: MEDICAL CE	shock, or her immediate cause. (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injurt that initiated events resulting in death) LAST PART II. Other significant to the cause of the cause	eseses, or ert feilure. al bons, liete NG MEDICAL Pending westigstion	a. DUE TO b. DUE TO c. OUE TO d. OUE TO d. LIMPARTENT TO DUE TO D	t ceused the dese on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not i	OUENCE O OUENCE O OUENCE O Teeulting 3 □ DOA 26b. Tife	F): F): OTHER A I Num LE OF JURY M	derlying c 26. PLAC 1: WORK 1 YES	of dying of dying cause giv	Mary, such	Part I. 24 Deck only one) 6 Other (S	e. WAS AN PERFOR	AUTOPSY NO NO NAJURY OC	24I	AMAIL COMP OF DI	AUTOPSY FINDINGS ABLE FRIOR TO LESTION OF CAUSE EATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	shock, or her immediate cause. Fine disease or condition resulting in death) Sequentielly list condition if eny, leeding to immediate. Enter UNDERLYIN CAUSE (Disease or injurt that initiated events resulting in death) LAST PART II. Other significant in the condition of the co	eneses, or ert feilure. al bons, liete HG y MEDICAL	a. DUE TO b. DUE TO c. OUE TO d. OUE TO d. LIMPARTENT TO DUE TO D	t coused the dese on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not i	OUENCE O OUENCE O OUENCE O Teeulting 3 □ DOA 26b. Tife	F): F): OTHER A I Num LE OF JURY M	derlying c 26. PLAC 1: WORK 1 YES	of dying of dying cause giv	Mary, such	Part i. 24 Control one) Control one) Control one) Control one) Control one)	e. WAS AN PERFOR	AUTOPSY MEO?	24I	AMAIL COMP OF DI	AUTOPSY FINDINGS ABLE FRIOR TO LESTION OF CAUSE EATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	shock, or her immediate cause. Fine disease or condition resulting in death) Sequentielly list condition if eny, leeding to immediate. Enter UNDERLYIN CAUSE (Disease or injurt that initiated events resulting in death) LAST PART II. Other significant in the condition of the co	eseses, or ert feilure. ai bons, liete kig y MEDICAL Anding meetigation could not be etermined	DUE TO DUE TO DUE TO DUE TO C. OUE TO d. HOSPITAL: 11 Inpattent 2 D 28s. DATE OF (Month, D 28s. PLACE O building,	t coused the dese on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OUENCE O OUENCE O OUENCE O Teeuiting 3 □ DOA 26b. Tife	F: Fi: OTHER 4 Num tE OF JURY M	derlying c 26. PLAC 1: Sing Home 28c. INNE 1 YES 20ry, office	of dying of dying of dying	Mary, such	Part i. 24 Deck anly one) 6 Other (S 28d. DESCR	a. WAS AN PERFOF YES 3 DN (Street in own, State)	AUTOPSY BMED? NO NJURY OC	241 CCURED Y or Flural	AMAIL COMP OF DI	AUTOPSY FINDINGS ABLE FRIOR TO LESTION OF CAUSE EATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	shock, or her immediate cause or condition resulting in death) Sequentielly list condition if eny, leeding to immediate. Enter UNDERLYIN CAUSE (Disease or injurt that initiated events resulting in death) LAST PART II. Other significant in the condition of the	eeses, or ert feilure. ai bons, liete lieg y Int condition MEDICAL Anding westigation Could not be letermined	a. DUE TO b. DUE TO c. OUE TO d. OUE TO d. LIMPARTENT TO DUE TO D	t coused the dese on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not of INJURY ey, Year) FINJURY A1 he etc. (Specify)	COUENCE O COUENC	Finot enter Finot enter Finotenter Fino	derlying c 28. PLAC 1: Hing Home 28c. INNU WORK 1 YES 1 YES 1 YES	of dying of dying of dying ause gives ause gives a second of the control of the c	Mary, such	Part i. 24 Part i. 24 11 12 Other (S 281, LOCATI City or to the cause	e. WAS AN PERFOR	AUTOPSY AMED? NO INJURY OC	241 CCURED Y or Rural	AMAIL COMPOSE DI 1	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATTHY YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CE	shock, or her immediate cause or condition resulting in death) Sequentielly list condition if eny, leeding to immediate. Enter UNDERLYIN CAUSE (Disease or injurt that initiated events resulting in death) LAST PART II. Other significant in the condition of the	eneses, or ert feilure. al bons, liete HG Y mt condition meding mestigation could not be etermined FYING PHYS CAL EXAMINI	a. DUE TO b. DUE TO c. OUE TO d	t coused the dese on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not of INJURY ey, Year) FINJURY A1 he etc. (Specify)	COUENCE O COUENC	Finot enter Finot enter Finotenter Fino	derlying c 26. PLAC 1: WORK 1 YES 27. offica The date an inpinion, deat	of dying of dying of dying ause gives ause gives a second of the control of the c	Mary, such	Part I. 2/ Part I. 2/ 1 1 2 2 2 2 2 2 2 2	e. WAS AN PERFOR	AUTOPSY IMED? NO INJURY OC and Number and due to 1	24l COURED or Flural sted. he cause(AMAIL COMPONENT OF DI	AUTOPSY FINDINGS ABLE PRIOR TO LECTION OF CAUSE ATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	shock, or her immediate cause. Fine disease or condition resulting in death) Sequentially list condition if any, leeding to immediate. Enter UNDERLYIN CAUSE (Disease or injurt that initiated events resulting in death) LAST PART II. Other significant in the condition of the co	eneses, or ert feilure. al bons, liete HG Y mt condition meding mestigation could not be etermined FYING PHYS CAL EXAMINI	a. DUE TO b. DUE TO c. OUE TO d	t coused the dese on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not of INJURY ey, Year) FINJURY A1 he etc. (Specify)	COUENCE O COUENC	Finot enter Finot enter Finotenter Fino	derlying c 26. PLAC 1: WORK 1 YES 27. offica The date an inpinion, deat	cause gives the control of dying of dying of dying of dying of dying of dying of the control of dying of the control of dying of the control of dying of the control of dying of the control of dying of the control of dying of the control of dying of the control of dying of the control of dying of the control of dying of the control of dying of the control of dying of the control of dying	Mary g, such a s	Part I. 2/ Part I. 2/ 1 1 2 2 2 2 2 2 2 2	a. WAS AN PERFOR	NO NO NUMBER OF DATE OF THE PROPERTY OF THE PR	24th CCURED v or Rural sted. he cause(AMAIL COMPONENT OF DITTO A COM	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATTHY YES 2 NO

3 Box 106, Easton MD

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cemation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

"AL					90 0331	1 9			
	1 - FOR STATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HEALTH AN							
	1. DECEDENT'S NAME (First, Middle, Last) HELEN 5 CAUTHOR	2 N	2. DATE OF DEATH	H DAY	YEAR 2200	м			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 215-24-7946 1□ M 2 87 YRS.	IF UNDER 1 YEAR IF UNDER 24 H	IRS. 7. DATE OF BIRTH (Month, Day, Year OG - 14 -	7	8. BIRTHPLACE (State or Foreign Country) Maryland				
TOR	9a. FACILITY NAME (If not institution, give street and number) CARRED	96. CITY, TOWN OR LOCATION O			RRO 11				
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY	Y, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	0			
FUNERAL	1481 ARRINGTON ROAD	101. ZIP CODE 21784		(EN OF WHAT COUNTRY?				
ΒY	11. MARNITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, N	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Ne— If yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 VES 2 NO Specify: WHITE-						
COMPLETED	(Specify only highest grade completed) (Give kind of with a Do NOT us. Elementary/Secondary (0-12) College (1-4 or 5+) His. Do NOT us.	USUAL OCCUPATION work done during most of working retired.)	16b. KIND OF	BUSINESS/INDU	USTRY				
ш	17. FATHER'S NAME (First, Middle, Last) John T. Cauthorn		18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Hewitt						
TO B		AODRESS (Street and Number or mington Drive							
	1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) Springfi	ield Cemetery, cremetory			City or Town, Stata				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Aggreg W. Haudd	HAT GAT T	Euneial Ho	195 Nu Sy	Kesville M	4.			
	23. PART I. Enter the diseases, or combilections that caused the death. Do not ahous, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF	Infanc fro		espiratory sire	Approximate interval Better and D	ween			
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	n:							
CER	d.								

PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
Inpetient 2 ER/Outpetient 3 DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify)

26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED

28c. INJURY AT WORK?

1 YES 2 NO 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 5 Pending Investigat М

2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide Could not be determined 4 Homicide

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

328

29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

Gowtmo 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PAULE Blud HAGERS+

31. DATE FILED (Month, Day, Year)

JAN 30

M) D 140 & France.

32. REGISTRAS'S SIGNATURE

Juna Davidson-Randelle

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit to fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. rours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month

90

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN		,	0 033
1. DECEDENT'S NAME (First, Middle, Last)	WIL	JAM Co	NAHA	Luf	2. DATE OF DEATH MONTH D	. 199(YEAR	TIME OF DEATN
4. SOCIAL SECURITY NUMBER 205-05-6460	5. SEX 6. AGE (in yrs. last birthday) F	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) NOV. 13,1		S. BIRTHPLA	ylvania
9a. FACILITY NAME (If not institution, give st	reet and number)			OR LOCATION OF D		9c. COUN	TY OF DEAT	
Harford Memorial	Hospital		Havre	de Grace		Harf	ord	
10a. STATE 10b. COUNTY			OWN OR LOCAT	TION			100	d. INSIDE CITY LIMITS?
Maryland Harfo	ord	Aber		. ZIP CODE		10g, CITI2	1 EN OF WHA	YES 2 NO
65 Moyer Drive				21001		171	SA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, sp	ENDENT OF NISPAI ocity Cubon, Maxica 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:		14. RACE Black, W	American Indian, hite, etc. White
15. DECEDENT'S EDUN (Specify only highest grade Elementary/Secondary (9-12)		16a. DECEDENT'S USI (Give kind of work We. Do NOT use re	done during mo	ON at of working	16b. KIND OF BU	SINESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)		
UNK 19a, INFORMANT'S NAME (NowPrint)		_			a Zieg			
Mary Jane Bense					Route Number, City or Tow n. Marvlan			
25s. METHOD OF DISPOSITION 1 Duriet 2 Cremeting, 3-X Rem	206	. PLACE OF DISPOSITION other place)				CATION —		State
4 Donetion 5 Done Specific	1	utheran Co			Rin	gtown	. Pen	nsylvania
21. SIGNATURE OF ELINERAL SERVINE LIG	Muse		Tarr:	deen. Ma	o Funeral rvland 210	01-33	99	
23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	the death. Do not ach line. ach consequence or:	enter the mo	de of dying, aud	ch as cardiac or reap	iratory arro	oat,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO TOR AS	CONSEQUENCE OF):	repre	oct				
PART II. Other significant condition	a contributing to death b	ut not resulting in t	he underlyln	g cause given in	Part I. 24a. WAS AF PERFO 1 YES	RMED?	CO OF	PRE AUTOPSY FINDINGS ARILABLE PRIOR TO MPLETION OF CAUSE DEATH?
					_		1	YES 2 PHO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_ 0	26. PI	LACE OF DEATH (C/	neck only one)	-		
1 TYES 2 NO 27. MANNER OF DEATN	1 Inpetient 2 ER/Outs 28s. DATE OF INJURY	26b. TIME O	F 28c. IN.	IURY AT	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCC	URED	
Netural 5 Pending investigation	(Month, Day, Year)	INJUR		YES 2 NO				
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street	et, factory, offic	•	261. LOCATION (Street City or Town, State	and Number	or Rural Rout	e Number,
29a. CERTIFIER 1 V CERTIFYING PNYSI	CIAN: To the best of my know	ledge, death occurred a	t the time, date	and place, and due	to the cause(s) and me	nner as state	vi.	

29c. LICENSE NUMBER

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the tire

32. REGISTRAR'S SIGNATURE

CAUSE OF DEATH (ITEM 27) (Type, Print)
HUL HUE: ALBURDUEHN

29d. DATE SIGNED (Morfin, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit permit to the detached for use as the burial-transit permit permit for the market of the market of the permit pe
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	1	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAN	ND / DEPAR					MENTA	REG. NO.	E		
		1. OECEDENT'S NAME (First, Middle, Last)	Arthur		reight	OH				2. DATI	E OF DEATH DA	,22	9.Q.	3. THEOROSOPM
		ARTHUR 4. SOCIAL SECURITY NUMBER	W. CR		yrs. last birthday)					-	- 22	\	90	10130 PM
		220-12-2105	1X M 2 F	97	yrs. mist birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	(Мол	th, Day, Year) 24/189	2	Country	ryland
		9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH							TY OF DE	_
0 8		Dorchester Ge	neral H	lospi	tal	al Cambridge						Dorchester		
DIRECTOR		10a. STATE 10b. COUNT				Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	- 16		rcheste	r		Ca	mbri							1 YES 2 NO
RAI		100. STREET AND NUMBER N/A					101	216				10g. CITIZ	US	HAT COUNTRY?
FUNERAL		11. MARITAL STATUS	12. WAS DECEDED			13.		ENDENT (OF HISPAN		IN? (Specify Yea	or No-	14. RACE	- American Indian, While, etc.
BYF	- 11	1 Never Married 2 Married 3 Nover Married 4 Divorced	FORCES?				1 TYES				Rican, etc.)			White
E		(Specify only highest grade completed) (Ghe kind of work done during most of working life. Do NOT use retired.) [Constitution of the kind of work done during most of working life. Do NOT use retired.]												
COMPLETED	Waterman Seafood 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)													
	Robert Franklin Creighton Henrietta Parker													
0 8		19a. INFORMANT'S NAME (Type/Print)									nber, City or Town			21612
		Edith Asplen 200. METHOD OF DISPOSITION		20b. F	PLACE OF DISPO					ve		CATION —		21613
		1 1 Burial 2 Cremation 3 Rem 4 Donation 5/ Other (Specify)	noval from State	0	rchest	er	Memo	oria	1 P	ark	Cam	bri	dge,	Md.
	1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22	. NAME A	ND ADDRE	SS OF FA	CILITY	Thomas	Fur	nera	1 Home
		JAN WI	Jemas)		7	00 1	Locu	st	St.	Cambr	idge	e, M	d. 21613
		23. PART Lenter the diseases, or shock, or heart failure.	complications the List only one ca	at coused to	the death. Do	not ente	r the mo	de of dy	ing, suc	h aa ca	rdiec or reepi	ratory arr	eat,	Approximate interval Between
								-						Onset and Death
		resulting in death)	. REN											a cope
NO		Sequentially list conditions,	W		CLERI CONSEQUENCE O		2	A	the	ros	cleros	sis		46-HES
CERTIFICATION		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C.	(
Ē		that initiated events resulting in deeth) LAST	DUE TO	O (OR AS A C	ONSEQUENCE O	F):								
CH H			d											1
S S		PART II. Other algnificant condition						g cause	given in	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE
MEDI		Coogestive He	art Fai	lure	THICK	rcc-					1 🗆 YES 2	MO NO		OF DEATH?
Ž														
PHYSICIAN		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF	DEATH (Ch	eck anly	one)			
HYS		1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 26e. DATE O	F INJURY	28b. TH	WE OF	28c. IN.	JURY AT	esidence		her (Specify) EŞCRIBE HOW II	NJURY OCC	CUREO	
ВУР	- 48	1 Natural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	IN	JURY		YES 2	□ NO					
	- 11	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — g, etc. (Specify	At home, farm,	street, fa	ctory, offic	•		28f. LC	CATION (Street a ty or Town, State)	and Number	or Rural R	oute Number,
COMPLETED		29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ER: On the basis of											and menner-as stated.
HE HE		296. SIGNATURE AND TITLE OF CERTIFIE MUCLIANE A. W.	blow	icha	A M	osk	ewic	29c. LIC	16	60	9	11	22	(Month, Day, Year)
1		MICHAEL A	MOSK	USE OF DEAT	CZ_	e, Print)	. 4	.50	3 /	34R	NST.	CAM	BEI	816 M
		31. DATE FILED (Morith, Day, Year) JAN 26 '0	32. REGISTR	FLAR'S SIGNAT	widson-A	ander	2							
			7	/										OHMH.16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		LAND / DEPARTM CERTIFIC				a. NO.		
DECEDENT'S NAME (First, Middle, Last, KEVIN		MAURICE	CADDI	NICHIONI	2. DATE OF DE. MONTH 1-22-	DAY	YEAR	3. TIME OF DEATH 1:00AM
SOCIAL SECURITY NUMBER			CARRI UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TN	a. BIRT	INPLACE (State or Foreign
220-86-6966	1 🖾 M 2 🗌 F	23 YRS. MO	NTHS DAYS	HOURS MIN.	June 2		Cour	ryland
. FACILITY NAME (If not institution, give	street and number)	98	a. CITY, TOWN O	R LOCATION OF DE			COUNTY OF	
84 Sacred Hear	t Lane		Re	istersto	wn	E	Baltin	more County
ESIDENCE OF DECEDENT								
a. STATE 10b. COUN			OWN OR LOCAT					10d. INSIDE CITY LIMITS?
	altimore	R€	eisters					1 YES 2 NO
STREET AND NUMBER	(T		101.	ZIP CODE	_	10g.		WHAT COUNTRY?
84 Sacred Hear			1	2113			US	
, MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 1 NO	If yes, spe	ENDENT OF HISPAN ecity Cuban, Mexica	n, Puerto Rican, e			CE — American Indian, ick, White, etc.
☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR	DATES	1 NES	2 NO Specify	r:		Spe	Black
15. DECEDENT'S ED		16a. DECEDENT'S US	UAL OCCUPATIO	PN	16b. KIND	OF BUSINESS	INDUSTRY	
(Specify only highest gra-	College (1-4 or 5 +)	(Give kind of work life. Do NOT use n	k done during mod ptired.)	st of working				
12		Carpet I	Install	er				
FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle,	Maiden Suman	ne)	
Claude C. Ca	rrington Sr.			Harri	ett Jo	nes		
INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural F	Route Number, City	or Town, State	, Zip Code)	
Claude C. Carri	ngton Jr.	203 Ir	nchcape	Circle	Owing	s Mill	s, Mo	d. 21117
. METHOD OF DISPOSITION ☐ Buriel 2 X Cremation 3 ☐ Re	amount from State	Ob. PLACE OF DISPOSITION Other place)	ON (Name of cen	netery, cremetory or	:	20c. LOCATION	N — City or	Town, State
Donation 5 Other (Specify)		Carroll	Cremat	ions		Hampst	ead,	Maryland
SIGNATURE OF FUNERAL SERVICE	LICENSEE	_	22. NAME AN	ID ADDRESS OF FA	CILITY			
· C Bu	in Tough	2	Elin	e Funera	1 Home	Reis	sterst	town, Md.
equentially list conditions, any, leading to immediate	b.	A CONSEQUENCE OF): A CONSEQUENCE OF):						1
ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST	COUE TO (OR AS	A CONSEQUENCE OF):						
ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events esulting in death) LAST	d		the underlyin	g cause given in		MAS AN AUTOI PERFORMED? YES 2 NO		4b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? XXX YES 2 \(\square\) NO
AUSE (Disease or injury latinitiated events southing in death) LAST ART II. Other significant conditions was case referred to Medical.	d	but not resulting in		g cause given in	_ **	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
WAS CASE REFERRED TO MEDICAL EXAMINER?	d. ons contributing to death HOSPITAL: 1 Inpetient 2 ER/Os	but not resulting in the property of the prope	26. PL	.ACE OF OEATH (Ch	eck only one) 6 Other (Spec	PERFORMED? YES 2 N	0	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
WAS CASE REFERRED TO MEDICAL EXAMINER? THE STATE OF DEATH	d. lons contributing to death HOSPITAL: 1 Inpatient 2 ER/OL	but not resulting in the state of the state	26. PL TTHER: Nursing Hom OF 28c. INJ. W	_ACE OF OEATH (Ch NeXS\[] Residence URKY AT	eck only one) 6 Other (Spec 26d. DESCRIBE	YES 2 NO	OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
WAS CASE REFERRED TO MEDICAL EXAMINER? MANNER OF DEATH Netural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/Ox 28s. DATE OF INJURY 1 All Parks Day Chart	put not resulting in the properties of the prope	26. PL DTHER: Nursing Hom DF 28c. INJ X AM 1	.ACE OF OEATH (Ch No XSK Residence URTY AT YES XK NO	eck only one) 6 Other (Special Describe Subjection)	YES 2 NO	o occurred	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? XXX YES 2 □ NO
WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER. WAS CA	HOSPITAL: 1 Inpetient 2 ER/Ox 28s. DATE OF INJUR 1 ACE OF INJUR 28s. PLACE OF INJUR 28s. PLACE OF INJUR 28s. PLACE OF INJUR 28s. PLACE OF INJUR	but not resulting in the state of the state	26. PL DTHER: Nursing Hom DF 28c. INJ X AM 1	.ACE OF OEATH (Ch No XSK Residence URTY AT YES XK NO	eck only one) 6 Other (Spec 28d. DESCRIBE Subject 28d. DCATION	YES 2 NO	o occurred blood	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? XXX YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER? AND MANNER OF DEATH Netural S Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Ox 28a. DATE OF INJUR 1 28b. PLACE OF INJUR 28b. PLACE OF INJUR 28b. PLACE OF INJUR 28c. PLACE OF INJUR 28c. PLACE OF INJUR	but not resulting in the property of the prope	26. PL DTHER: DTHER: 28c. INJ WO AM 1 1	LACE OF OEATH (Ch DEXECT Residence URITY AT PRICT YES XX NO	eck only one) 6 Other (Special Describe Subjection of City or Rev. 84 Sac	PERFORMED? YES 2 No. NO. NO. NO. NO. NO. NO. NO.	o occurred blood omber or Aura (eart	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? XXX YES 2 \(\text{NO}\) NO All Route Number, Lane, Reist
WAS CASE REFERRED TO MEDICAL EXAMINER? AND MANNER OF DEATH 1 Natural 5 Pending Investigation of the Medical Provided Investigation of the Medica	HOSPITAL: 1 Inpetient 2 ER/Ox 28s. DATE OF INJUR 1 ACE OF INJUR 28s. PLACE OF INJUR 28s. PLACE OF INJUR 28s. PLACE OF INJUR 28s. PLACE OF INJUR	but not resulting in the properties of the prope	26. PL DTHER: Nursing Hom DY AM 1 1 1	ACE OF OEATH (Ch Ne X	eck only one) 6 Other (Spec 28d. DESCRIBE Subject 281. LOCATION 6(f) or Town 8 4 Sat TOWn to the cause(s)	YES 2 NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	o occurred blood or furnification of the control of	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? XXX YES 2 NO All Route Number, Lane, Reist County, MD
ART II. Other significant conditions in the condition of	HOSPITAL: 1 Inpatient 2 ER/Ox 28a. DATE OF INJUR 1—22—3 Date of insuration of the best of my known in the best of my known	but not resulting in the property of the prope	26. PL DTHER: Nursing Hom DY AM 1 1 1	ACE OF OEATH (Ch	eck only one) 6 Other (Spec 26d. DESCRIBE Subject 28f. LOCATION City or Row 84 Sact Town to the caush(s) 1 time, dete and p	VES 2 NO NO NO NO NO NO NO NO NO NO	o occured bbed simber or flural (eart of the cause of the	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? XXX YES 2 NO All Route Number, Lane, Reist County, MD e(a) and manner as states
ART II. Other significant conditions are selected as a condition of the co	HOSPITAL: 1 Inpatient 2 ER/Ox 28a. DATE OF INJUR 1—22—3 Date of insuration of the best of my known in the best of my known	but not resulting in the property of the prope	26. PL DTHER: Nursing Hom DY AM 1 1 1	ACE OF OEATH (Ch	eck only one) 6 Other (Spec 26d. DESCRIBE Subject 28f. LOCATION City or Row 84 Sact Town to the caush(s) 1 time, dete and p	VES 2 NO NO NO NO NO NO NO NO NO NO	o occured bbed bbed mober or Rure (eart to the cause).	AMAILABLE PRIOR TO COMPLETION OF CAUSIOF DEATH? XXX YES 2 NO All Route Number, Lane, Reist County, MD e(a) and manner as states ED (Month, Day, Year)
ART II. Other significant conditions in the condition of	HOSPITAL: 1 Inpetient 2 ER/Ox 28e. PLACE OF INJUI building, etc. (s) YSICIAN: To the best of my knot	propertient 3 DOA 4 Propertie	26. Pt THER: Nursing Hom 28c. INJ AM 1 0 Notet, factory, office at the time, date In my opinion, d	ACE OF OEATH (Ch	eck only one) 6 Other (Spec 26d. DESCRIBE Subject 28f. LOCATION City or Row 84 Sact Town to the caush(s) 1 time, dete and p	VES 2 NO NO NO NO NO NO NO NO NO NO	o occured bbed bbed mober or Rure (eart to the cause).	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? XXX YES 2 NO All Route Number, Lane, Reist County, MD e(a) and manner as states
AUSE (Disease or Injury hat initiated events sesuiting in death) LAST ART II. Other significant conditions are significant conditions. ART II. Other significant conditions are significant conditions. ART II. Other significant conditions. ART III. Other significant conditions. ART III. Other significant conditions. ART III.	HOSPITAL: 1 Inpetient 2 ER/OR 28a. DATE OF INJUR 28a. DATE OF INJUR 28a. PLACE OF INJUR building, etc. (Sy YSICIAN: To the best of my knoth INEA: On the best of examples	but not resulting in the properties of the prope	26. Pt. DTHER: Nursing Hom 28c. Pt. YAM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF OEATH (Ch	eck only one) 6 Other (Spec 28d. DESCRIBE Subject 281. LOCATION (P) or Town 8 4 Sa TOWN to the cause(s) time, dete and p	PERFORMED? YES 2 No No No No No No No No No No No No No N	o occurred blood or furnitude of furnitude o	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? XXX YES 2 NO All Route Number, Lane, Reist County, MD e(e) and menner as stated ED (Month, Day, Year) -22-90

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within C. hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR Helen	Eliza	STATE OF M abeth C.	MARYLAND legg (DEPAF ERTIF	ICATE	OF	DEAT	AND N	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First Mid-	idle Last)	LIZABE							2. DATE O MONTH			YEAR 9.0	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-07-9557		SEX	a. AGE (in yrs.	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE O	F BIRTH Day, Year) -1903		Country)	ington DC
	Se, FACILITY NAME (If not institut	9e. FACILITY NAME (If not institution, give street and number)				9b. CITY	, TOWN C	R LOCATIO	ON OF DE		1707		TY OF DEAT	9
*	Ft. Washington Rehab. Center					Ft. Washington Prince Ge					ce Geo	oraes		
6	RESIDENCE OF DECED	ENT b. COUNTY			T 40 - 00	Y. TOWN C								
2	Contract of the Contract of th	Charle	20		10c. C11	Indi			(10)			10d. INSIDE CITY LIMITS? 1 YES 2 XXNO		
2	10e. STREET AND NUMBER	OHOLL				34,103		. ZIP CODI				10g. CITIZ		AT COUNTRY?
ERA	20 Elder Plac	e				20640					USA			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Marital Microsoft Marital 2 Marital Microsoft Marital Mar	ried	FORCES? 1	YES 2			If yes, sp	ENDENT Code	n, Mexicar	n, Puerto Ri	(Specify Yee can, etc.)	or No-	14. RACE — Black, V Specify: Whit	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			Give kind of life. Do NOT u	work done see retired.)	during mo	ON ist of worldir	ng	16b.	KIND OF BUS	INESS/IND	USTRY		
MO	17. FATHER'S NAME (First, Middle	, Lest)			11000	CWII		18. MOTI	NER'S NAI	ME (First, M	iddle, Maiden	Sumame)		
BE C	William Goodw	in							un	avail	able			
TO B	19a. INFORMANT'S NAME (Type/	Print)	-								er, City or Town		Code)	
F	Harry Clegg										245			
	20e. METHOD OF DISPOSITION 1	3 🗆 Remova	from State	other	place)				-		20c. Loc		City or Town	
	21. SIGNATURE OF FUNERAL SE			_ Mary	1 1			ND ADDRE			CII	ETTE	li idili,	MU.
	▶ Edwa	rd.	y. 1	Muc	ld.						dorf,	Md. 2	20604-	-0156
	23. PART I. Enter the disea shock, or heart					not antai	tha mo	da of dy	ing, auci	h aa cardi	ac or reapi	ratory arr	eat,	Approximata interval Batween
	IMMEDIATE CAUSE (Final								Onset and Death					
	resulting in death) a. LATT LOWER LOPE PALUMENTA							4 0143						
NOI	Sequentially list conditions, If any, leading to immediate Due TO (OR AS A CONSEQUENCE OF): The property of the property of													
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury													
CERTIFICATION	that initiated events resulting in death) LAST		DUE TO	(OR AS A CON	SEOUENCE (OF):								
S		0												1
EDICAL	PART II. Other algorificent	conditiona	contributing to	death but no	ot resulting	in the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	0	VERE AUTOPSY FINDINGS HAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ										- 1			,	YES 2 NO
AN	25. WAS CASE REFERRED TO M	IEDICAL					26. P	LACE OF E	DEATH (Ch	eck only on)			
SIC	EXAMINER?		OSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 ₪ Nu		ne 5 🗆 R	esidence	6 🗆 Other	(Specify)			
BY PHYSICIAN: MED	27. MANNER OF DEATN 1 Netural 5 Pen	nding estigation	26a. DATE OF (Month, L		28b. Ti	ME OF	W	JURY AT ORK? YES 2 [□ NO	28d. DE\$	CRIBE NOW I	NJURY OC	CURED	
	3 Suicide 6 Cou			OF INJURY — At , etc. (Specify)	t home, farm.	street, fac	tory, offi	20			ATION (Street or Town, State)	and Number	or Rural Roo	ute Number,
COMPLETED	(Ciriota Ciriy		N: To the best of											and manner as stated.
BE (29b. SIGNATURE AND TITLE OF	CERTIFIE	1	80				29c. LIC	ENSE NUI	MBER		29d. DAT		Month, Day, Year)
10	10m-n=	960	ela M		-			D	07	348			1/26	190
	30. NAME AND ADDRESS OF PE						-570	NR	d. F	8. W	ASN.	Md	207	44
	JAN 2	9 '90	32. REDISTR	chia David	Son-Par	ndell								

D 21203-3146

BALTIMOR	ath. Page 6 A	neral direction	aminer mus
BA	ours after de	led in by the fu	medical ex
3146,	cuted with:	d completely fill urial, cremation	lic event, the
). BOX 1	ertificate be exe	ing physician an igiene prior to b	other trauma
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
AL RECO	he law requires	has been signe Dept. of Health	n 23 shows a
I OF VITA	PHYSICIAN: TI	r this certificate	arked, or iter
NOISION	DRI ATTENDING	DIRECTOR: After nours after deal	tem 28 Is m
(15	THE HOSPITAL	THE FUNERAL filed within 72 h	PORTANT: IL
	2	23	M

31, DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE a Davidson-Randelle

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPART	MENT OF I	HEALTH AND N	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Joseph Donal	d CUMMINGS	SR.			Jante of Death Jante 8 19	90 YE	3. TIME OF DEATH 9:04 P	
	4. SOCIAL SECURITY NUMBER 193 12 4758	5. SEX 8. AGE (In yrs. 1 XM 2 F 64	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		1925 Sc	HRTHPLACE (State or Foreign country)	
TOR	9a. FACILITY NAME (If not institution, give st AMI DOCTORS HOSE RESIDENCE OF DECEDENT				OR LOCATION OF DE		P.G.	OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LOCA			10d		
RAL	100. STREET AND NUMBER 8310 Verona Drive		New Carrollton 101, ZIP CODE 20785				1 ☑ YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY? United States		
BY FUNERAL	11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Married 3 ☐ Wildowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES YES 43-46			13. WAS DE			or No— 14.	RACE — American Indian, Black, White, atc. Specify: White	
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)		SUAL OCCUPATI ork done during m retired.)		18b. KIND OF BUS	BINESS/INDUST	RY	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	5+	Attori	ney	18. MOTHER'S NAI	U.S. (Governm	ent	
BE C	Francis X. Cum	mings			Nora P	hillbin			
199. INFORMANT'S NAME (Type/Print) Joseph D. Cummings, Jr. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1115 12th Street N.W. Washington D.C.									
	20a. METHOD OF DISPOSITION 1 [XBurlel 2 Cremetton 3 Remo	20b. PLA0 other	CE OF DISPOSI place)	TION (Name of co	metery, crematory or	20c. LO	CATION — City	or Town, Stata	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Resurrection Cemetery Clinton Maryl 22. NAME AND ADDRESS OF FACILITY Beall—Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20							Α.		
	23. PART Enter the diseases, or o shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the Liet only one cause on each if	daath. Do no	ot anter the m	oda of dying, suci	n as cardiac or respi	ratory arrest,	Approximata Interval Batween	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 ANO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
IAN	25. WAS CASE REFERRED TO MEDICAL			26. 1	LACE OF DEATH (Chi	eck only one)			
YSIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 200A	OTHER: 4 - Nursing Ho	me 8 🗆 Realdenca	6 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED	
TED BY	2 Accident 3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, at	treet, factory, off	ce	281. LOCATION (Street City or Town, State)		lural Route Number,	
COMPLET	CONSTRUCTION OF THE PARTY OF TH	CIAN: To the best of my knowledge,						use(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE DE CERTIFIE	Tagara:	22	>	29c. LICENSE NUM 10099		29d. DATE SH	GNED (Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DEATH (TEM, 27) (Type,	Print)					

FOR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH DAY 1990 1530 HAROLD BENSON CUNNINGHAM JAN. 16, A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS MONTHS DAYS MIN. 1 M 2 | F YRS 019-05-1161 78 JULY 29. MASSACHUSETTS 1911 9e. FACILITY NAME (If not institution, give street end number) 9h CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. MARY'S HOSPITAL DIRECTOR LEONARDTOWN ST. MARY'S RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE 10b. COUNTY MARYLAND ST. MARY'S HOLLYWOOD 1 YES 2XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 167 RIVERSIDE DRIVE 20636 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE --- American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2XXNO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) during most of working Elementary/Secondary (0-12) College (1-4 or 5 +) ELECTRONICS 12 PROCESS ENGINEER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HAROLD B. CUNNINGHAM NELLIE FITZGERALD BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 JULIETTE F. CUNNINGHAM 167 RIVERSIDE DRIVE, HOLLYWOOD, MD. 20636 20g. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Buriel 2 Cremation 3 Rer ST. JOHNS CATHOLIC HOLLYWOOD, MARYLAND 4 Donation 5 Other (Specify) THE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME P.O. BOX 279, LEONARDTOWN, MD. 20650 23. PART I. Enter the diseases, or complications that coused the coath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one couse on sech line. Approximate interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) Probable myocardial infarction Sec DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseesa or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO Congestive heart failure COMPLETION OF CAUSE 1 TES 2 1 NO Chronic lung disease 1 - YES 2 M NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 6 🔯 Residence 6 ☐ Other (Specify) 26b. TIME OF 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 6 Pending Investigation 1 Natural 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 20 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 014281 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) William D. Boyd II, M.D., Leonardtown, MD 20650 Julia Davidson-Randall 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Ag us possis signed by the attending physician and compensy Health and Mental Hygiene prior to burial, creman executed within 2 P.0. requires that the death RECORDS. peeu has be Dept. c MB DIVISION OF VITAL certificate h with L After death ATTENDING DIRECTOR: / OH OH

permit. Pages 1, 2, 3 should

use as the burial-transit

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the hospital or attending physician.

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MARYLAND 21203-3146

medical 6 ä cremation. event. traumatic other 10 Injury, o shows any 6 23 Item 6 Is marked, 28 Item TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 hd IMPORTANT: If it

JAN 19

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAN 2

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FOR STATE REGISTRAR		STATE OF !	WARYL		DEPART					MEN		YGIEN EG. NO			-
1. DECEDENT'S NAME (First) Anna May									7.		ATE OF D	D/	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-12-19	DER	5. SEX	6. AGE (lin yrs. lest		IF UNDER	1 YEAR DAYS	IF UND	ER 24 HRS.	(A	ATE OF B			Count	6:20 P IPLACE (State or Foreign ry) nna.
9a. FACILITY NAME (If not in			1. 02						TION OF D	EATH			9c. COL	JNTY OF D	EATH
Hagerstow RESIDENCE OF DEC	n Nuri	ng Home,	Inc	•		На	gers	stow	n, Ma	ary.	land		Was	shing	ton
10e. STATE	10b. COUNT				10c. CITY,										10d. INSIDE CITY LIMITS? 1 XYES 2 NO
Maryland 100. STREET AND NUMBER P.O. Box		<u>ington</u> Downsvil	le P	ike)	Пс	<u>iyer</u>	stov 10	f. ZIP CO	DE 21740				10g. Ch		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 X Widowed 4 Divo	Married	12. WAS DECEDER FORCES?	NT EVER II	N U.S. ARM	BED)		If yes, sp	CENDENT	OF HISPA ban, Maxic O Speci	NIC OF				14. RAC	
	CEDENT'S EDU ly highest grade 0-12)		+)	(Giv	e kind of we be NOT use Weav	ork done retired.)	durina m	ON ost of wor	king				SINESS/IN	facti	mina
17. FATHER'S NAME (First, M	fiddle, Last)				WCU V	G1		16. MC	THER'S N	AME (F					ar Hily
Jacob			Schet	tromp	f				_	rah		E11		Mck	Kee
					MAILING									21795	
20a, METHOD OF DISPOSIT 1 🖾 Burlal 2 🗆 Crematic 4 🗆 Donation 5 🗆 Other	on 3 🗆 Rem	oval from State		o. PLACE O	F DISPOSI	TION (N	ame of ce	metery, ci	ematory or			20c. LO	CATION -	- City or To	
21. SIGNATURE OF PUNETA	MI	Hu					OSB	ORNE	FUN	ERA	L H	OMES			21795
23. PART I. Enter the dishock, or h IMMEDIATE CAUSE (Firdisesse or condition resulting in death)	eart fellure.	List only one ca	use on e	ach line.	EME,	at	r the m	ods of d	lying, su						Approximate Interval Between Onset and Dest
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or init that initiated events	diete	c	`		UENCE OF): / "	air	luce							1 year
resulting in death) LAS	T L	d													
PART II. Other eignification	ent condition				esuiting in					Part		PERFO		241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:				OTHE		PLACE OF	DEATH (C	heck or	nly one)				
1 YES 2 NO	e partie	1 Inpetient 2		patient 3	DOA 28b. TIME	4 1 Nu	reing Ho		Residence	_			INJURY O	0011050	
1 Natural 5 2 Accident	Pending Investigation	(Month,	Day, Year)	Y — At hor	INJU	JRY M	1 🗆	JURY AT ORK? YES 2	□ NO						Route Number,
3 Suicide 8 4 Homicide	Could not be determined	building	, etc. (Spe	clfy)			,,				City or R	own, State)	a. av i merali	
CONTROL DINY		ER: On the basis of													(a) and manner as stated.
29b. SIGNATURE AND TITLE	Edu	up the	4	R.	5			29c. L	ICENSE NO	SS)	7		29d. D/	ATE SIGNE	O (Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAL	USE OF DE	EATH (ITEM	27) (Type,	Print)				1					

Edson B. Moody 1190 Mt. Aetna Rd. Hagerstown, MD 21740

DHMH-18 Rev 1/89

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000	FENDIN	DR: Af	fter de	8 18
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR AT	DIRECT	ours a	lem 2
	HIMT (BAL C	n 72 h	T. If II
	E HOS	E FUNE	d withi	RTAN
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the page.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be arrected and the funeral director, page 5 should be arrected and the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at diversity.

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT			MENTAL HYGIEN REG. NO		50	03337
	1. DECEDENT'S NAME (First, Middle, Lest) FREDERICK (Villiam Ci	OVER	JA	e.	2. DATE OF DEATH DO	1990	EAR	OO PM
		SEX 6. AGE (in yrs. less	VRS. IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLA Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give street	01		Y, TOWN O	R LOCATION OF DE	4-24-08	9c. COUNTY		lersey
DIRECTOR	GALOCK Mem C	on Home						hine	ston
REC	10a. STATE 10b. COUNTY		10c. CITY, TOWN					10d	I. INSIDE CITY LIMITS?
	Maryland Was	hington	Hage	rstov	ZIP CODE		10g. CITIZEN		YES 2 NO
FUNERAL	241 South Prospec	t Street						.A.	
Į.	11. MARITAL STATUS 12. 1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 X YES 2 N	MED 13	If yes, spe	cify Cuban, Mexican	IC ORIGIN? (Specify Yes	or No— 14.	Black, Wi	Americen Indian, hita, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES WW II	1 ☐ YES 2 ☐XNO Specify:			:		Specify:	White
TED	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON 16a. DE (G/	CEDENT'S USUAL (we kind of work done Do NOT use retired.	OCCUPATIO during mos	N st of working	16b. KIND OF BU			
COMPLETED	Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)	Electric			Owner o	f his	own	buşiness
OM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden	,		
BE (illiam Clove		112370	Ada		Tip		
5	Grace E. Clover					oute Number City or Tow ., Newark,			y 07106
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 【XCremation 3 ☐ Removal	20b. PLACE	OF DISPOSITION (F	lame of cem	netery, crematory or		CATION — City		
	4 Donation 5 Other (Specify)	Smith	sburg Cr		Orium D ADDRESS OF FA		thsbur	g, Wa	ash.,Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	1	A	ndrev	K. Coff	fman Funer			
	23. PART I. Enter the diseases, pr cpm	olications that called the de				n St., Hage			. 21740
		only one cause on each line		, alo illo	or cymg, soo.	ir as cardios of resp	natory arrow	.,	Interval Between Onset and Death
	disease or condition resulting in death) a. Prin mania								1 wak
	disease or condition resulting in death) a. PALL mania DUE TO (OR AS A CONSEQUENCE OF): CUPD								
ERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING								
FI C	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):						
ERTI	resulting in death) LAST								
L C	PART II. Other algolficent conditions conditions	ontributing to death but not r	resulting in the	ınderlying	g cause given in	Deneo.	-14504		RE AUTOPSY FINDINGS
EDICA	ASCVD O	35				1 TYES		co	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
Σ						_		1 [YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		_	
PHYSICIAN:		OSPITAL: Inpetient 2 ER/Outpetient 3	DOA 4 19-40	ER: ursing Hom	s 5 Residence	6 Other (Specify)			
	27, MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY		URY AT PRICE 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED	
В	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY — At he	ome, form, street, fo			28f. LOCATION (Street		Rural Route	n Number,
豆	4 Homicide determined	building, etc. (Specify)				City or Town, State)		
COMPLET	(Check only	N: To the best of my knowledge, de On the bests of examination and/or				and the second second			nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	satti no			29c. LICENSE NUI			FIST S	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITE		h M	ILL ST	MAGEN	STON	SN 1	w
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE							
	JAN 29 '90	Julia Davidson B	nda 00						

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DNMN-16 Rev 1/89

1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Just after death. Page 6 may be retained by the hospital or attending physician.	rs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	$^{\prime}$ by the funeral director, page 5 should be detached for use as the burial-transit pen removal.
IMPORTANT: If flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

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	Telicia E, DAMICO 2. DATE OF DEATH DAY 18 18 18 18 18 18 18 18 18 18 18 18 18								
	4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. AGE (In yrs. last birthday) 8. BHTTHPLACE (State or Foreign Months) 9. BHTHPLACE (State or Foreign Country) 9. BHTHPLACE (State or Foreign Country) 133-12-01098								
STOR	96. FACIFITY NAME (If not institution, give street and number of DEATH) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 97. COUNTY OF DEATH 98. COUNTY OF DEATH 98. COUNTY OF DEATH 99. COUNTY OF DEATH 99. COUNTY OF DEATH 90. COUNTY OF DEATH 9								
DIRE	10e. STATE / 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Silver Spring . 1½ Yes 2 □ NO								
FUNERAL DIRECTOR	10e. STREET AND NUMBER 3604 Greenly Street 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA								
ВҰ	11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify: 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.) 16. RACE — American Indian, Black, White, etc. 17. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.) 18. RACE — American Indian, Black, White, etc.								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 yr. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker own home								
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rose Kleister								
TO BE	19a. INFORMANT'S NAME (Type/Print) Joseph A. D'Amico 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3604 Greenly Street, Silver Spring, Md. 20904								
	20a. METHOD OF DISPOSITION 1 Burlel 2 XI Cramation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Alexandria, Va.								
	21. SIGNATURE OF THE LIPERSE LIPERSE 22. NAME AND APPRESS OF FACILITY HINES, Rinaldi Funeral Home 15.75.70 15.75.7								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch ea cardiec or respiratory arrest, ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due 70 for AS A CONSEQUENCE OF:								
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO CONTRIBUTION OF THE PR								
4: MEDICAL	1 yes 2 = NO Completion of cause of DEATH? 1 yes 2 = NO 1 yes 2 = NO 1 yes 2 = NO								
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
	27. MANNER OF DEATH 28a. DATE OF INJURY (Morith, Dey, Year) 28b. TIME OF INJURY WORK? M 1 YES 2 NO								
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
BE	296. SIGNATURE AND TITLE OF CARTIFIER 296. LICENSE NUMBER D 20129 1/9/90								
10	A. A: CHACKO , 7610 Convell AVE #390 Takema Pk. MD 912.								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAT'S SIGNATURE JAN 22 90 Suka Jaydon Randall								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	VITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physicial	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-furnities and not not burial, cremation, or removal.	ts them 90 to mondard on them 92 shows any injury or other fraumfalls awarings eventually eventually as another of once
DE VITAL	-IYSICIAN: The law	is certificate has	ad or Ham 22
DIVISION	TAL DR ATTENDING PI	VAL DIRECTOR: After the 72 hours after death w	16 Ham 20 to mark
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1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATN 3. TIME OF DEATN													
,							MONTH DAY YEAR							
DIRECTOR	VERNE L. D						JANUARY 19, 1990			9:30 P M				
	4. SOCIAL SECURITY NUMBER	S. SEX	8. AGE (in yrs. le	st birthday)		IF UNDER 1 YEAR				7. DATE OF BIRTN (Month, Day, Year)		8. BIRTI	8. BIRTNPLACE (State or Foreign Country)	
	577-07-8667	1 - M 2 - F	71	YRS.	- CATTA	DATE	noone		MARCH		1918	WAS	SHINGTON, D.C.	
	9e. FACILITY NAME (If not institution, give at		9b. CITY,	TOWN C	R LOCATI	ON OF DE		,		INTY OF D				
	3406 PENNSYLVANIA STREET													
	RESIDENCE OF DECEDENT	SIREEI			HYA:	TISI	ILLE				LEKTI	ICE (EORGES	
2	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OF	I LOCAT	ION				• • • • •		10d. INSIDE CITY			
E	MADVI AND DRIVER	ananana											LIMITS?	
	MARYLAND PRINCE	GEORGES		HYAT	TSVII								1 TES 2 NO	
₹	106. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
iii i	3427 STANFORD STR	EET					2078	33			US	SA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A						IC ORIGIN? (S		or No-	14. RAC	E — Americen Indien, k, White, etc.	
	1 Never Married 2 Married	IF YES, GIVE V		NO				Specify.	, Puerto Rica	n, etc.)		Spec		
B	3 X Widowed 4 Divorced						A					WHIT	E	
COMPLETED	15. DECEDENT'S EDUC		16a. D	ECEDENT'S	USUAL OC	CUPATIO)N		16b. KIN	D OF BUS	SINESS/IN			
ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- 44	Give kind of to e. Do NOT us	work done di se retired.)	uring mo	at of workli	ng						
7	12	conego (r-cor o												
Σ	17. FATHER'S NAME (First, Middle, Last)		Н	OUSEW	F H. H.	_	40 MOT	MEDIC MAS	ME (First, Midd	- 80-10	0			
8							18. MOT	NEH'S NAM	ME (FIRST, MIDD	e, Meiden	Surname)			
BE		YNCH					MA			VIDE				
2	19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS	(Street s	nd Number	r or Rural R	loute Number, (City or Tow	n, State, Z	ip Code)		
F	JOY A. CLUNE			13006	CT.A	KOTS	DRT	VE	LAHREI	MA	RYT.	ND 2	0708	
	20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPO		_				-			own, State	
	1 XBurial 2 Cremation 3 Remo	oval from Stata	other p		OT N.	777867	mpps	,		DDEN	1001100			
	21. SIGNATURE OR FUITERAL SERVICE LIC	enser A	- I FURI	LINC					NI ITY	IRKEL	TWOC)D. M	ARYLAND	
	. / / / 6	011			22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.									
	* LV/ E.	500 UNIVERSITY BLVD. W. SIL.SPR. MD. 20901												
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
	shock, or haert fellure. Liet only one ceuse on sech line.													
	IMMEDIATE CAUSE (Final disease or condition NETO STOTIC TOUNS/Transol CARCINOMA													
	resulting in death) **. //ETASTATIC TRANSITIONAL CARGNOM/+													
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate IMETASTATIC TRANSITIONAL CARCINOMA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
Z	EMPHY SEMA / RESPIRATORY FAILURE													
2	Sequentially list conditions, If any, leading to immediate													
CERTIFICATION	CAUSE (Disasse or Injury													
Ē	DUE TO (OR AS A CONSEQUENCE OF):													
E	resulting in deeth) LAST													
8														
	PART II. Other significent condition	s contributing to	death but not	resulting	in the un	deriyin	g cause	given in	Part I. 24		AUTOPSY	241	. WERE AUTOPSY FINDINGS	
MEDICAL	COMPLETIC									AVAILABLE PRIOR TO COMPLETION OF CAUSE				
0	1 YES 2 NO OF DEATH?													
Σ	1 TES 2 NO													
Ä														
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	DEATH (Ch	ick only one)					
S	1 TYES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA			6 5/0 R	esidence	6 Other (S)	pec#y)				
Ŧ	27. MANNER OF DEATN	28a. DATE OF (Month, L		28b. TIN		28c. IN.	URY AT		28d. DEŞCRI	BE HOW I	NJURY O	CCURED		
	1 Natural 5 Pending	IMORIA, L	Auy, rour)	II4.	JURY M		PRK? YES 2 [□ NO	7.200.0					
В	2 Accident Investigation	ome, ferm.	street, facto	orv. offic			26f. LOCATIO	ON (Street	and Numb	er or Rumi	Route Number			
8	3 Suicide 6 Could not be determined 26. Nomicide 4 Nomicide 26. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26. LOCATION (Street and Number or Rural Route Number, City or Town, State)									, , , , , , , , , , , , , , , , , , , ,				
7	29e. CERTIFIER (Check only	CIAN: To the best of	l my knowledge, d	leath occurr	ed at the ti	me, dete	end place	e, and due	to the cause(e) and ma	nner as st	ated.		
COMPLETED	ana)	R: On the basis of e	xemination end/o	r Investigation	on, In my o	olnion, d	leath occu	red at the	time, date end	i place, er	nd due to	the cause(e) and manner as stated.	
ö	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										W 4 2 V 1			
BE	///////////////////////////////////////	-/2	PARKHU	V2 ST	mn		-		_		290. DA	1 20	(Month, Day, Year)	
2	1 my ove						V	2409	7.3		-	129	70	
-	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	Print)		211	T-	= PA	or	100	20	740	
	7305 BALTIM	ure A	- JV	115/	9/	-		احات		V	WID	. 2	172	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE											
- 1	JAN 23 '90 Suche Vairdona Bundage													

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	once.	
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	notified	
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or remova	e medical ex	
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crematic	vent, th	١
to burial,	r other traumatic en	
rior	Ē	۱
Agiene p	r other	
Tal.	, 0	l
d Men	ny Injury, o	۱
an I	my.	ı
Health	3 shows a	
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Dep	m 23	1
State	Item	
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									-	U	00000
	FOR STATE REGISTRAR	STATE OF MAR			MENT OF H			GIENE			
	1. DECEDENT'S NAME (First, Middle, Last)			F .			2. DATE OF DE.	ATH DAY	YE	3. T	IME OF DEATH
i	JAMES DAVIS	Sr.					07	18	90		3:52 p M
- 1			GE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR		8. 6	DIRTHPLAC	DE (State or Foreign
	3 10 06 0100	M 2 □ F	58	YRS.	MONTHS DAYS	HOURS MIN.	APril 7,	1931		Jash	. D.C.
OR	98. FACILITY NAME (If not institution, give street and number) MONTGOMERY GENERAL HOSPITAL					R LOCATION OF DE	EATH		MONTO		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		Ī	10c. CITY	, TOWN OR LOCAT	ION	, , , , , , , , , , , , , , , , , , ,				. INSIDE CITY
告	mn Ho	WARD		G	LENWOS	n			1 -	YES 2 NO	
F	10e. STREET AND NUMBER					ZIP CODE			109. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	27.5	07				21738	2			IXA	
ᄬᆘ	37/0 RT	2. WAS DECEDENT EVI								27	
5 1	1 Never Married 2 9 Married	FORCES? 1 1	YES 2 N		If yes, spi	ENDENT OF HISPAN Icity Cyben, Mexica			7 NO- 14.	Black, Wh	American Indian, lita, etc.
à	3 Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES		1 TYES	2 NO Specify	У.			Specify:	
										11-11	E
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	(ION mpleted)	16a. DEC	EDENT'S	USUAL OCCUPATION ork done during more retired.)	ON st of working	16b, KIND	OF BUSI	NESS/INDUST	RY	
W I	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ho.	Do NOT us	retired.)						
를		5		CONT	RACTEA		BUIL	.ON			
ō I	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle,	Maiden St	urname)		
	Edwin L. DI	9415				DoroTA	hy 7	UPF	Per		
H	19s. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street a	nd Number or Rural i				in)	
임	Golda M. DAV	i <		רזן די	0+ 9×	- A .	1	MO	711	728	
		1.3	10	110	K1, //	Gleni		V117	, oxl	150	
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 N Cremation 3 ☐ Ramovi	al from State	other pla	CB)	ITION (Name of cen		1 1		ATION — City		
	4 🗆 Donation 5 🗀 Other (Specify)			bers	Cremat	ory		Riv	verdal	e, M	D.
	21. SIGNATURE OF FUNERAL SERVICE LICE	F / #	670		22. NAME AN	D ADDRESS OF FA	CILITY W. W	. Cha	ambers	Co.	Inc.
- 1	16-man 5/	12. 1.			001.7	0.3.3.1					
_	CHIMUSO, C	rume	2								g,MD.20910
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lis				ot antar tha mo	da of dying, auc	ch as cardiac o	r respire	story arrest,		Approximata Interval Between
I	IMMEDIATE CAUSE (Final	,	on adon mia.								Onset and Death
1					INTERSTITIAL PULMO			ombey FIBRASI			4 YEARS
H	resulting in desth) / a	DUE TO (OR	AS A CONSEO	UENCE OF):	,,,,,,,,,	, , ,	7 7 . 30	00.27		1 /4/5
_	- M									ĺ	
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR	AS A CONSEQ	LIENCE OF	n-						
F I	If any, leading to immediate cause. Enter UNDERLYING										
5	CAUSE (Disease or Injury C										
Ë I	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQ	DENCE OF	.):					i	
6	d.										
- II	PART II. Other significant conditions	contributing to des	th but not re	saultina l	n the underlying	n cause alven in	Part I 24a S	WAS AN A	Impey	245 WEI	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	0.5.4			g	ura orioarrym	g cause given in		PERFORM		AWA	ALABLE PRIOR TO
8	OR PULMONALE 1 YES 2 THO COMPLETION OF CAUSE OF DEATH?										
	ARTERIOSCUE	COTIC CAR	COLONAS	CUA	C 1251	SPE	1			1 [YES 2 NO
5					-						
Z	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (CA	heck only one)			-	
흥미		HOSPITAL:			OTHER:						
₹	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
퓹	1 Natural 5 Pending	17. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK?						28d. DESCRIBE HOW INJURY OCCURED			
BY	2 Accident Investigation		M 1 🗆	YES 2 NO							
	3 Suicide 28e. PLACE OF INJURY — At hon				street, factory, offic	8	261. LOCATION (Street and Number or Rural Route Number,				Number,
밀	4 Homicide determined building, etc. (Specify)										
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the heat of my	knowledne de	oth occur	of at the Hone date	and place and 4	n to the council	and mar-	nar na pinini		
AP	onei									want-t-	d manage or state d
ō l	2 MEDICAL EXAMINER:	On the pasts of exami	metron and/or l	rivestigatio	n, in my opinion, α	seann occured at the	aima, data and p	neca, and	dus to the co	use(8) 800	a manner as stated.
	29b. SIGNATURE AND TITLE OF DESTRUCTION	20				29c. LICENSE NU	MBER	T	29d. DATE SI	GNED (Mo	rith, Day, Year)
BE	Evolus last	2_	m			D25	947		D //	RIG	0

TEN OAKS

RO

CHRISHUE MO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAN 22 '90

32. REGISTRAR'S SIGNATURE
Suna Haydren Randoll

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIANI: The law requires that the death certificate be executed within. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician before within 17 hours after death, with the State Dent. of Health and Memial Physicine prior in cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF	DEAT	TH		REG. NO.

	1 - FOR STATE STATE				HEALTH AND I	MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last)	OOYE				2. DATE OF DEATH JOHN 16, VEN 90 2:20 p.				
	ROSALIE 4. SOCIAL SECURITY NUMBER 8. SEX				_ 1				М	
Š	4. SOCIAL SECURITY NUMBER 8. SEX	-		IF UNDER 1 YEA		7. DATE OF BIRTH	5, 192	BIRTHPLACE (State or Foreign Sountry) Maryland	d	
Œ	9a. FACILITY NAME (if not institution, give street and num Montgomery General				n or location of de Ney	HTA	9c. COUNTY Mon	of DEATH tgomery		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT	ar moopr								
JIRE	10a. STATE 10b. COUNTY	0.3017		town on Lo lver	Spring			10d, INSIDE CITY LIMITS? 1 YES 2 NO		
AL C	Maryland Montgom 100. STREET AND NUMBER	етл	1 21.	TAGE	101, ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?	\dashv	
VER.	15551 Radwick L	ane			20906		U.S	S.A.		
BY FUI	1 Never Married 2 Married FORCE	ECEDENT EVER IN U.S ES? 1 NES 2 , GIVE WAR OR DATES	₽ NO	If yes	DECENDENT OF HISPAN, specify Cuban, Maxica YES 2 RO Specify	n, Puarto Rican, etc.		Black, White, etc. Specify: Black		
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	184	DECEDENT'S U	irk done during	ATION most of working	16b. KIND OF	BUSINESS/INDUS	TRY	7	
COMPLETED	- Control of the cont	1-4 or 5+)	Domes			N	lone			
OME	6th Grade 17. FATHER'S NAME (First, Middle, Last)		Domes	CIC	18. MOTHER'S NA	ME (First, Middle, Mai			-	
BEC	Charles Hende	rson			Berth	ia Joh	nson			
TO E	196. INFORMANT'S NAME (Type/Print) Mr Carl Henderson (B	rother)			Rd, Sali			L801		
	20a METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removat from S	20b. PL	ACE OF DISPOSIT	TION (Name of	cemetery, crematory or	20c	LOCATION — CIT	y or Town, State	-	
	4 Donation 5 Other (Specify)	Asi	i Memo		Cemetery		andy Sp	dy Spring, Md		
	21. NGNATURE OF FUNERAL SERVICE LIFE HEE) 1		Sr.	and address of fa lowden Fu	neral H	Iome P.	A. 20850		
CERTIFICATION	shock, or heart fellure. List only one cause on sach lins. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilteded events resulting in death) LAST List only one cause on sach lins. Interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART ii. Other significent conditions contribu	iting to death but r	not resulting in	the under	vina cause given in	Part i 24a WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	28	
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not recuiting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPS' AMALABLE PRICOMPLETION TO PERFORMED? 1 YES 2 NO									
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? DOMESTICAL OTMESTICAL 26. PLACE OF DEATH (Check only one)									
IXSI	1 YES 2 10 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Rasidence 8 Other (Specify)									
ВУ РН	27. MANNER OF DEATH 1 Natural 8 Pending Investigation 2 Accident Investigation 2 Natural 1 Yes 2 No									
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State) 29f. LOCATION (Street and Number or Flural Route Number, City or Town, State)									
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the tima, deta and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Kenneth Miller, M.D. 29c. License number 3386 29d. Date Staned (Morrit, Day, Your)									
_	30. NAME AND ADDRESS OF PERSON WHO COMPLET	181	SPA	Print) NCC	Philip	01	Oln y	ho		
	31. DATE FILED (Month, Day, Year) 32. R	relia Davidson	-Randoll				, ,			
								DHMH-18 Rev	1/89	

1 -	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR	C	ERTIFIC	CATE OF	DEATH	1	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	A =				2. DATE OF MONTH	DEATH	YEAR	3. TIME OF OEATH
LINWOOD	A D	ISHA	R001			12	90	4:55,0
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. I		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH	8. BIFITI	IPLACE (State or Foreign
212-18-6409 1XM 2]F 73	YRS.	ONTHS DAYS	HOURS MIN.	Nov.	14,1916		land
9a. FACILITY NAME (If not institution, give street and number	nr)		b. CITY, TOWN	OR LOCATION OF DI			DUNTY OF E	
PENINSULA GENERAL HOSF	TMAT		CAT	TODITOU A	#A TO 3/2" A 1	MD	TITO	N/T GO
RESIDENCE OF DECEDENT	TIAL		SAL.	ISBURY, N	TARYLA	ND I	WICC	MICO
10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
Maryland Wicomico		De1	mar					1 X YES 2 NO
10e. STREET AND NUMBER			10	1. ZIP CODE		10g. 0	ITIZEN OF	WHAT COUNTRY?
602 E. State Street				21875			USA	
	EDENT EVER IN U.S.	RMED		CENDENT OF HISPAI	NIC OBIGIN?	Specify Ven or No-	-	F — American Indian
1 Naver Married 2 Married FORCES	1 YES 2 X	NO	If yes, s	ecify Cuban, Mexica	n, Puerto Rica			E — American Indian, k, White, etc.
3X Widowed 4 □ Divorced	HVE WAR OR DATES		1 YE	3 2 X NO Specif	y:		Spec	White
15. DECEDENT'S EDUCATION	18n, E	ECEDENT'S U	SUAL OCCUPATI	ON	16b. KI	IND OF BUSINESS/	INOUSTRY	
(Specify only highest grade completed)			rk done during m		1			
Elementary/Secondary (0-12) College (1-4	Se	1f-Emp	loved		Gre	enhouse	and 1	Nurserv
17. FATHER'S NAME (First, Middle, Last)				40 MOTHERY NA		dle. Maiden Surnam		/
William Arthur Disharo	m					rine Pai		2
19a. INFORMANT'S NAME (Type/Print) Robert L. Disharoon				and Number or Rural				1050
				in Street	t, Pit			
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Removal from Sta	te other	place)		metery, crematory or		20c. LOCATION		
4 Donation 6 Other (Specify)	Sal	isbury	Crema			Salish	oury,	Maryland
21. SIONATURE OF FUNERAL SERVICE LICENSES	111			nd Address of FA		P		
Man week h	1000			bury, Man		_		
disease or condition resulting in death) ACUTE INFERIOR MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):) 2 he
d								
HYPERTENSIUE CONGESTIVE	PART II. Other algoriticant conditions contributing to death but not re Hypertensive CRISIS CONGESTIVE HEART				FAILURE 10			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
CEREBRAL V	ASCULAR	40	CIPDE	VF				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	L;		26. F OTHER:	PLACE OF DEATH (C)	neck only one)			
1 YES 2 NO 1 Inpatier	t 2 ER/Outpatient	3 DOA	I ☐ Nursing Ho	me 6 🗆 Residence				
27. MANNER OF DEATH 28s. DA 1 Netural 5 Pending	onth, Day, Year)	26b. TIME INJU	RY W	JURY AT ORK?	28d. DESCF	RIBE HOW INJURY	OCCURED	
2 Accident Investigation				YES 2 NO				
3 Suicide 6 Could not be 4 Homicide determined	ACE OF INJURY — At liding, etc. (Specify)	home, ferm, sti	reet, factory, off	ca	261. LOCATI City or	ION (Street and Nun Town, State)	nber or Rural	Floute Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the I (Check only one) 2 MEDICAL EXAMINER: On the bas								a) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIED	/			29c. LICENSE NU				Q (Month, Day, Year)
Rome O. J. T.	9mo			036	57	6 1	11	12/90
30. NAME AND ADDRESS OF PERSON WHO COMPLETE	O CAUSE OF DEATH (1)	TEM 27) (Rose 4	Print)				-/	-/10
RONALD P. TRA			O RI	IERSIDE	E DR	SAK	1380	12/90 RY MO
	STRAR'S SIGNATURE	L						,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	-	FOR STATE REGISTRAR	

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Clara CLARA R. DIGG	Regina I	Diggs		2. DATE OF DEA MONTH	тн 1 9	90	3. TIME OF DEATH P. 12:20 M
	219-34-2112 1 D M 2 🖫 F	88 YRS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	Month, pay, y	0,1901	Ma	ryland
TOR	98. FACILITY NAME (If not institution, give street and number) HARFORD MEMORIAL H RESIDENCE OF DECEDENT	000.00	HAVEE	TOE GE	_	2.1	RF0	DEATH DEID
DIRECTOR	100. STATE 10b. COUNTY Maryland Harford	10с сту, Јорг	TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1823 Atkisson Road		101	21085		1 "	USA	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Otvorced 12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAF	YES 2 NO	If yes, sp	ENDENT OF HISPANIC actify Cuban, Mexican, 2 NO Specify:			Blac	E — American Indian, ik, White, atc. hite
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use Presse)	k done during mo retired.)			ng Fac		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Wade — Alkire			18. MOTHER'S NAME Adeline		Robine	ette	
TO B	19a. INFORMANT'S NAME (Type/Print) Carol V. Rossilli			nd Number or Rural Ro n Road, Jo				
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	206. PLACE OF DISPOSIT Bel Alr Me	emorial	Gardens		Bel Ai:		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	nosill	Howard	D ADDRESS OF FACILITY Cokesbury	mas III			ome, P.A. Md. 21009
	23. PART I. Enter the diseases, or complications that can shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due To (or to	on each line.					reat,	Approximate Interval Between Onset and Death
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death							
EDICAL	COPD PERFORMEO? 1 VES 2 NO OF 1						b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL	. 0	26. P	ACE OF DEATH (Chec	k only one)			
PHYSICIAN: M	EXAMINER? 1 YES 2 NO HO PITAL:		OTHER:	ne 5 🗆 Residence 6	☐ Other (Speci	(y)		
ВУ РН	27. MANNER OF DEATH 28a. DATE OF IP (Morith, Dey. 2 Accident Investigation	Your) INJUI	M 1 🗆	PRIC? YES 2 NO	28d. DESCRIBE	HOW INJURY O	CURED	
9	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the basis of axa							(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	M.P		29c. LICENSE NUME	6C -	29d, DA	TE SIGNE	(Month, Day, Year)
	319 S. Union Avenu	OF DEATH (ITEM 27) (Type, F	E 1	10 21	078			
	JAN 22 90 Suha David	s signature						

	FOR	AT177 OF 1441									90) (33	16
	1 - FOR STATE REGISTRAR	STATE OF MAI		IFICATI					GIENE G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) DONALD WAY	NE DUDLI	ΞΥ					2. DATE OF DE MONTH	DAY		YEAR	3. TIME 0	AM	м
	4. SOCIAL SECURITY NUMBER 212-40-4940	5. SEX 6	AGE (In yrs. lesi birtho 49 vr	MONTHS	DAYS	HOURS :	24 HRS. MIN.	7. DATE OF BIF (Month, Day Dec . 29		40	a, BIRTHP	Jini	ate or Forei	pn
H.	9a. FACILITY NAME (If not institution, give str 743 Mahan Road	eet and number)			r, town of		N OF DE	ATH			ford			
RECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c.	CITY, TOWN		ON					1	10d. INSI	TS?	
FUNERAL DIRECTOR	Maryland Har 100. STREET AND NUMBER 743 Mahan Road	ford		Abero		ZIP CODE			Т	109. CITI	ZEN OF WI		NTRY?)
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 NO			cify Cuben	, Mexicar	IIC ORIGIN? (Spe n, Puerto Rican,		or No—	14. RACE Black, Specify		can Indian, ic.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kin life. Do N	NT'S USUAL Of of of work done OT use retired.)	during mos	N at of working	g	Const						
COM	17. FATHER'S NAME (First, Middle, Last) Albert Cornellius	Dudley				18. МОТН	er's NAI	ME (First, Middle,		_{umeme)} arke	r			
TO BE	190. INFORMANT'S NAME (Type/Print) Gail P. Dudley		743	Mahan	s (Street er Road	nd Number	or Rural F	Route Number, Cit	y or Town,	Stete, Zip	Code)			
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Remo	oval from State	20b. PLACE OF DI other place) Hartord	SPOSITION (N	eme of com	Gard	etory or lens				City or Tow	rn, State		
	2) SIGNATURE OF FUNERAL SERVICE LIC	Mo Con	1RITTL					omas II y Road,						
	23. PART I. Enter the disease, or o shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Drily one cause	on each line. State As a consequence	0 8				haa cardlec co			rest,	Int	proximate erval Bet set and I	Ween
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST	c	AS A CONSEQUENT		, l	16+	as	tan	1	_				
MEDICAL CER	PART II. Other algolificant condition	a contributing to da	ath but not result	ting in the u	nderlylng	g cause g	given in		WAS AN A PERFORM	MED?		AVAILABL COMPLET OF DEATI	TOPSY FINI E PRIOR TO TION OF CA H?	USE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 D	OTHE	R:			eck only one) 6 Other (Spe	iclfv)					
ву РНУ	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28e. DATE OF IN. (Month, Day,	JURY 288	b. TIME OF INJURY M	28c, INJ WO			28d. DESCRIB		JURY OC	CURED			
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	NJURY — At home, f (Specify)	arm, street, fa	ctory, office	•		281. LOCATION City or Tox		nd Numbe	r or Rural R	oute Num	ber,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my										end mar	nner ea sta	ted.
BE C	296. SIGNATURE AND TITLE OF CERTIFIES	Jania	0.08	*	//	29c, LICI	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, E	Pay, Year)	· ^

29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 39244

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE
Fishia Davidson-Randall JAN 22 90

DHMH-16 Rev 1/89

OHMH-16 Rev 1/89

AM

JAN 24 '90

Silve Davidson Randall

	1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AN		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) BRAN			DEAN		DF DEATH 18-90 ^{pay}	YEAR F	TIME OF OEATH OUND: 10:18
	NONE X	SEX 6. AGE (In yrs.	YRS. MONTH	4	1 ^(Month)	14-89	MAR'	ACE (State or Foreign YLAND
TOR	9a. FACILITY NAME (If not institution, give street 4014 Murdock Stre		9b. C	Temple Hil			ince G	eorges Co.
DIRECTOR	MARYLAND PRINCE	GEORGE'S	10c. CITY, TOW	N OR LOCATION CEMPLE HII	LLS		1.0	Dd. INSIDE CITY LIMITS? LYES 2 NO
FUNERAL	10e. STREET AND NUMBER 4014 MURDOCK STR 11. MARITAL STATUS				20748		U.S.	Α.
B	1 MARTIAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	I3. WAS DECENDENT OF H If yes, specify Cuban, N 1 ☐ YES XXXNO	ispanic Origin: Iaxican, Puerto R Specify:	? (Specify Yea or No— Ican, etc.)	- 14. RACE Black, \ Specify	- American Indian, White, atc. BLACK
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade communication) Elementary/Secondary (0-12) NONE		life. Do NOT use retire	ne during most of working		KIND OF BUSINESS/		
BE CO	17. FATHER'S NAME (First, Middle, Last) TROY PRESTON DE	AN, SR.				RIGHT		
2	19a. INFORMANT'S NAME (Type/Print) MR.&MRS.TROY PRE	STON DEAN	4014 N	ESS (Street and Number or I NURDOCK ST	Rural Route Numb	TEMPLE	HILLS	,MD.20748
	20s. METHOD OF DISPOSITION 1 Sy Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b. PLA	or place)	(Name of cemetery, cremator	•	LAURE:		
	21. SIGNATURE OF FUNERAL SERVICE LIGHTS D. C.			4339 HUN	TUNERA	L HOME,	INC.	
	23. PART I. Enter the diseases, by company shock, or heart fallure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	plications that caused the conly one cause on each SUDDEN INFAI	NT DEATH		, such aa card	lac or respiratory	arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON						
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	ontributing to death but n	ot resulting in the	underlying ceuse give	en in Part I.	24a. WAS AN AUTOP: PERFORMED? YES 2 NO	X	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION DF CAUSE F VEATH? YES 2 NO
SICIAN		OSPITAL:	N 3 DOA 4 D	26. PLACE OF DEAT				
ву РНУ	27. MANNER OF DEATH Thatural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 N	F-27-26-111	CRIBE HOW INJURY	OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	it home, farm, street,	factory, office		ATION (Street and Nurr or Town, State)	nber or Rural Ro	ite Number,
COMPLETED	enel	N: To the best of my knowledge On the basis of examination and						and manner as stated.
TO BE C	296. BIGHATURE AND TITLE OF CERTIFIER	alle p m		29c. LICENS OCME			1-19-9(fonth, Day, Year)
	MARIO F. GOLLE, J.	R., MD	1	11 Penn Str	eet,Bal	timore,M	D 21201	vc

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s, P.O. BOX 13146,	certificate
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OSP	UNE	ithin	AMT
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within minute after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-bagist perm	w pa	ORTANT: Hism 28 is marked or Hem 23 shows any Injury or other traumatic event the medical examiner must be notified at once
		-	- 25

	1 - FOR STATE OF M		/ DEPARTA		EALTH AND I	WENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3.	TIME OF DEATH
	Barbara Louise Da	1ton				Jani		1. 199	EAR O	11:10 A M
	4. SOCIAL SECURITY NUMBER 5. SEX						DE BIETH	1.0		NCE (State or Foreign
	230-30-9761 1 M 2 X F	58	YRS.	NTHS DAYS	HOURS MIN.	9-	Day, Year) -11-19	31	Virg	inia
	9e. FACILITY NAME (If not institution, give atreet and number)		96	L CITY, TOWN C	R LOCATION OF DE	ATH		9c. COUNTY	OF DEAT	Н
DIRECTOR	Southern Maryland Hospit	al Cer	nter		Clinton			Prin	ce G	eorges
RE	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10-	d. INSIDE CITY LIMITS?
ō	Maryland Prince Geor	ges	B	randyw	ine				1 (YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN		T COUNTRY?
Ä	10505 Cedarville Dr. 12-1				2061	3			U	SA
FU	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1	EVER IN U.S.	ARMED	13. WAS DEC	ENDENT OF HISPAN Icity Cuban, Mexica	IIC ORIGINA n, Puerto R	? (Specify Yes lican, atc.)	or No- 14.	RACE - Black, W	American indian, hite, etc.
ВУ	3 Widowed 4 Divorced IF YES, GIVE W	AR OR DATES		1 TYES	2 NO Specify	r.			Specify:	White
	15. DECEDENT'S EDUCATION	16a.	DECEDENT'S US	UAL OCCUPATION	N.	16b.	KINO OF BUS	INESS/INDUS	TRY	
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +	,	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working					
PL	8th	'	Housew	ife				N/A		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	liddie, Maiden			
В	Albert R. Bryan				L	vdia	Odell:	a John	son	
BE (19e. INFORMANT'S NAME (Type/Print)		196, MAILING AD	DRESS (Street e	nd Number or Rural I					
2	Alan B. Dalton		6206	Kirby	Rd. Cli	nton.	Md.	20735		
	20e. METHOD OF DISPOSITION 1 (Y Burlal 2 Cremation 3 Removal from State	20b. PLA			netery, crematory or			CATION — City	or Town,	State
	4 Donation 5 Other (Specify)	otne		ction	Cemeterv		C1	inton,	Mar	vland
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE				D ADDRESS OF FA					
ij	· West V. Killer			3	rge P. K					20745
	23. PART I. Enter the diseases, or complications that	caused the	death. Do not		Oxon H					Approximate
	shock, or heart failure. List only one cau				ac ar aying, sac	^	.uo or roupi	ratory arran	••	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition		/	- D	A	01/5				Onset and Death
	resulting in death)	OR AS A CON	ISEQUENCE OF:	E PULI	OUNTLY	DISE	THE			
-										
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate	OR AS A CON	SEQUENCE OF):							
CAT	cause. Enter UNDERLYING									X
F	that annered avents	OR AS A CON	SEQUENCE OF):							
H	resulting in death) LAST									
	PART il. Other eignificent conditions contributing to	don'th but no	nt requiting in t	be underlyin	- seuse alues la	Don't I	24s, WAS AN	AUTOBOY	045 1111	FRE AUTOPSY FINDINGS
A	PNEUMONIA	deman but in	or resorting in	ine underlyin	J couse given in	rait i.	PERFOR		AM	AILABLE PRIOR TO
ă							1 YES 2	NO NO		DEATH?
Σ	con purponals					-			1	YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL								L	
CI	EXAMINER? HOSPITAL:		_ 0	THER:	ACE OF DEATH (Ch					
IYS	1 ☐ YES 2 ☐ MO 1 ☐ Impatient 2 ☐ 27. MANNER OF DEATH 28a. OATE OF		28b. TIME 0		e 5 Reeldence		1-7 77	NJURY OCCUP	-	
4	1 Natural 5 Pending (Month, D.	sy, Year)	INJUR	Y WC	RK?	280, UEŞ	CHIBE HOW I	NJUHT OCCUP	SEO	
	2 Accident Investigation 28e, PLACE O	F INJURY — A	t home, farm, atre			281 LOC	ATHON (Street)	and Number or	Burni Boud	n Mumber
ED	4 Homicide determined building.	building, etc, (Specify)							71001	o rearries,
COMPLETED	29s. CERTIFIER			. /						
MP	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of end of e									
00		Carrierioni Grio	or investigation,	in my opinion, c			end piace, en	d due to the c	ause(a) ar	nd meniner ee disted.
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			29d. DATE S	1	onth, Day, Ybar)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	E OF CEATURE	WELL AND CO.	741	0248	2			43/9	0
	Jeffrey A. Abrams M.D.	Pemi	mem 27) (Type, Pr	a. Rt	301 #10	3 Wal	dorf	Md. 2	0601	
	31 DATE FILED (Month One Year) 22 MERITER	BTS SUGNATUR	ie .	q. Kt.	301 1110	J 1141	i	2	5501	
	JAN 24 '90 4 446	Davidson	-Pandelle							

hours after death. Page 6 may be retained by the hospital or attending	lled In by the funeral director, page 5 should be detached for use as th. r, or removal.	e medical araminer must be notified at once
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be refained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	in Political Transfer or item 23 shows any failure or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				YGIENE EG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last) MABEL ELLEN	DÈTRICK				2. DATE OF I		YEAR 90	3. TIME OF OEATH 5:00 P	
	4. SOCIAL SECURITY NUMBER 214-42-0223	1 □ M 2 X F 8	9 YRS. M	F UNDER 1 YEAR DITTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De FEB.	интн у. Убаг) 4,1900	8. BIRTH Count MAR	HPLACE (State or Foreign ry) YLAND	
CTOR	98. FACILITY NAME (If not Institution, give s MORAN MANOR NURS RESIDENCE OF DECEDENT	NURSING HOME WESTERNPORT ALLEGANY								
L DIRECTOR	WEST VA MIN	ERAL		DGELEY	ZIP CODE		10a CII	TZEN OF 1	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?	
EUNERAL	ROUTE 1	12. WAS OECEDENT EVER	IN U.S. ARMED		26753 ENDENT OF HISPAN	IC ORIGIN? (S	U	SA 14. RAC	E — American Indian,	
8	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	DATES	1 TYES	ecify Cuben, Maxicar 2 NO Specify			Spec	WHITE	
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) UNKNOWN		18a. DECEDENT'S US (Give kind of wor kine. Do NOT use i	k done during mo etired.)		100, 40	& O YM			
BE COM	17. FATHER'S NAME (First, Middle, Last) MATTHEW TWIGG		MATTINE		18. MOTHER'S NAI	AE (First, Midd	le, Maiden Sumame)	071		
2	19a. INFORMANT'S NAME (Type/Print) LEO DETRICK		P.0. I	30X 130	- RIDGE		V 26753			
	20e. METHOO OF DISPOSITION 1 (X Buriel 2 Cremetion 3 Removal from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
3	Derdy 9.	Texhend	,	GEOF 202	GE-UPCHU GREENE S	RCH FU	JMBERLAND	, MD	21502	
	23. PART 1. Enter the diseases, or shock, or heert lellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one cause on	a CONSEQUENCE OF:						Approximate Interval Betwee Onset and Dest	
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	Arte.	7 Dise					
4	PART II. Other significent condition	ns contributing to death			g cause given in		PERFORMED? YES 2 NO	248	MANUABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:	Ipatient 3 DOA 4	OTHER:	ACE OF DEATH (Chi		pecify)			
ВУ РНУ	27. MANNER OF DEATH 1	26s. DATE OF INJURY (Month, Day, Year)		OF 28c, IN.	URY AT IRK? YES 2 NO		BE HOW INJURY O	CCUREO		
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	TOTAL OTHY	ICIAN: To the best of my kno ER: On the basis of examination							(a) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	4750	-		29c. LICENSE NUM	BER 2 44	29d. DA	TE SIGNE	O (Month, Day, Year)	
	31. DATE FILEO (Month, Day, Year)	32 BEGISTRAR'S SIG	+6 urg	Plaze	Fro	stou	19, ms) 0	2/532	

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10 THE FUNETALE DIFFERENT STORE THE COLUMN STORE AND AND AND AND AND AND AND AND AND AND		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	3

31. DATE FILED (Month, Day, Year)

32. REGISTRAN'S SIGNATURE
Guha Davidson Rondose.

	1 - STATE STATE REGISTRAR	TE OF MARYLAND /		TMENT OF H			MENTAL HYGIEN REG. NO	_	<i>J</i> (00000
	1. DECEDENT'S NAME (First, Middle, Last) DOMCH MOOL A SOCIAL SECURITY NUMBER 5. SEX	1 CM	sey.	Danc	4)		1 /2	AY O	90	3. TIME OF DEATH PA
	4. SOCIAL SECURITY NUMBER 090-16-0570 9e. FACILITY NAME (if not institution, give attrect and r	7	inter and the second	MONTHS DAYS	HOURS	MIN.	7. OATE OF BIRTH (Morth, Day, Year) 1 - 25		Country	h Carolina
TOR	Washington Adventist			Ta kor					ntgom	
DIRECTOR	10e. STATE 10b. COUNTY . D. C.		10c. CITY, TOWN OR LOCATION Washington							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10s. STREET AND NUMBER			101	. ZIP COO	E		10g. CIT	IZEN OF W	HAT COUNTRY?
ER/	1120 Neal Street, N	F				2000)2	1	Jnite	d States
BY FUNERAL	11. MARITAL STATUS 12. WAS 1 X Never Married 2 Married FOR	DECEDENT EVER IN U.S. ARA ICES? 1 YES 2 N ES, GIVE WAR OR DATES		If yes, sp		ın, Mexicai	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	n or No—	14. RACE Black Specifi	- American Indian, , White, etc.
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College	i) (Gh	no kind of v Do NOT us	· ·		ng	16b. KINO OF BU	SINESS/IN	DUSTRY	
MP	4		Mini	ster						
	17. FATHER'S NAME (First, Middle, Last)				18. MOT		ME (First, Middle, Maiden	Sumame)		
BE.	William Thomas Dancy 194. INFORMANT'S NAME (Type/Print)		MAN INC	ADDRESS (Small	and Alicenter		Lee Mayo	on Chart 70	in Contain	
2	Herbert Parham	11	20 1	leal Str	eet,	N. E	E. Washing	ton,	D. C	
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)		cel	incoln	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				and,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Haller	#816		N. Ho	ortor	Co. Mort Street, N		ns, I	nc.
	23. PART I. Enter the diseases, or complice shock, or heart failure. List only IMMEDIATE CAUSE (Fine disease or condition resulting in death)		th. Do r						rest,	Approximate interval Between Onset and Death
CERTIFICATION										21/2140 3mo
SERT	resulting in death) LAST	Diab	ete	S ME	MI	fu	1			unk
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Lower Secondary to old Conference of Completion of Cause of Death? 1 ves 2 Pro 1 ves 2 Pro 1 ves 2 Pro 1 ves 2 Pro									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF D	DEATN (Ch	eck only one)			
SIC		ITAL: atlent 2 - ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Hon	10 5 R	esidence	s 🗆 Other (Specify)			
ву РНУ	1 Natural 5 Pending	e. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY WO	URY AT ORK? YES 2 [□ NO	284. DEŞCRIBE NOW	INJURY O	CCURED	
0	a Processing	e. PLACE OF INJURY — At her building, etc. (Specify)	me, farm,	street, fectory, offic				treet and Number or Rural Route Number, State)		
COMPLET	(Oriotin triny	(Check only 1 to CERTIFYING PRYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
TO BE C	206. SIGNATURE AND STITLE OF CHATTYER	in A	Her	ding	29c. LIC	3/	3°26	29d. DA	TE SIGNEO	(Month, Day, Year)
-	Pichard R Ashby 858	ETED CAUSE OF DEATH (ITES			ina	Md	20910			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 124 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after hearh with the State Bent, of Health and Mental Mollene brior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR		STATE OF MA				HEALTH AND	MEN	TAL HYGIEN	E			
	1. DECEDENT'S NAME (First,	Middle, Last)			14				ATE OF DEATH			3. TIME OF DEATH	
	PAULINE M. DOL				LAN	AN				01 23 90			
	4. SOCIAL SECURITY NUMB	BER	5. SEX 6.	AGE (In yrs.		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. D/	ATE OF BIRTH fonth, Day, Year)	T		HPLACE (State or Foreign	
	578-32-4141		1 [M 2] F		82 YRS.	ONTHS DAYS	HOURS MIN.			L907		ST VIRGINIA	
	9e. FACILITY NAME (If not in	stitution, give atr	rest and number)		-	b. CITY, TOWN	OR LOCATION OF C			9c. COUNTY OF DEATH			
DIRECTOR	Montgon RESIDENCE OF DEC	nery G	General H	losp	ital	01n	еу		ì	lont	gom	ery	
Ä	10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?	
ā	MARYLAND		MONTGOMERY	Z	SI	LVER S	PRING					1 YES 2 ND	
AL.	10e. STREET AND NUMBER					. 1	Of. ZIP CODE			10g. CITIZ	ZEN DF	WHAT COUNTRY?	
FUNERAL	2921 N. LEI	SURE W	ORLD BOUL	EVARD	, #319		20906			US	JSA		
ا ۾	11. MARITAL STATUS	Hard Men'	12. WAS DECEDENT E FORCES? 1	VER IN U.S.	ARMED	13. WAS DO	CENDENT OF HISPA	ANIC OR	IGIN? (Specify Yea	or No-	14. RAC Blac	E — American Indian, ik, White, stc.	
BY F	1 Never Merried 2 3 XWIdowed 4 Divo		IF YES, GIVE WAR	OR DATES	X		S 2 X NO Speci		,,		Spec		
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	(Specify only	EDENT'S EDUC y highest grade	completed)	184.	(Give kind of worlde. Do NOT use	k done during i			16b. KIND OF BUS	SINESS/IND	USTRY		
ا چ ا	Elementary/Secondary (0)-12)	College (1-4 or 5+)	D.	EGISTER		CF		MEDICA	Т			
COMPLETED	17. FATHER'S NAME (First, M	licidle (ant)		I K.	EGISTER	ED NUI	-	AME (E)	rst, Middle, Meiden				
	PATRICK H.								ENZIE	Guriamoj			
BE	19a. INFORMANT'S NAME (19b. MAILING A	DORESS (Street	and Number or Rural	_		n. Statu. Zio	Code)		
2	MARY C. NAD	ER (D	AUGHTER)		17 BARN RIDGE COURT, SILVER SPRING, M							VI AND 20006	
	20a. METHOD OF DISPOSIT	ION		20b. PLA	CE OF DISPOSIT		emetery, crematory or			CATION -			
	1X Burlel 2 Cremation 3 Removal from State other place) 4 Donation 5 Other (Specify) BRENTWOOD, MARYLAND												
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	^		22. NAME	ANO ADDRESS OF F	ACILITY	,				
	▶ °M:	0 . ()	7 R:	()			IS J. CO						
	23. PART I. Enter the d	Iseases or c	complications that c	used the	death Do no							P., MD 20901	
			List only one cause				iode of dying, su		cordiac or respi	ratory or	.,	Interval Between	
	IMMEDIATE CAUSE (Fir disease or condition	nel	do de	2 m. /	2. 0.0		CHARACT	1				Onset and Death	
	disease or condition - a. Condiagnil money and the									flerdy			
_			Acte	is	for 10	Lon	curs x	40	elence			wantenste	
0	Sequentially list conditions, Due to los as a consequence of:										1		
¥	If any, leading to imme cause. Enter UNDERLY	ING	almon	13	mhai	they	usteff	606	nery			moully	
CERTIFICATION	CAUSE (Disease or Injuthet initiated events	ary	DUE TO (0)	AS A CON	GEQUENCE OF):	1.1	11/		11				
ᇤ	resulting in death) LAS	IT L	corp	1 1	ugersq	5/19/	lenge	É	Libelog	e		years	
5	PART II. Other significa	ent condition	s contributing to de	ath but no	of maulting in	the underly	na cauda aluma li	n Part	I. 24a, WAS AN	ALITOREY	Lan	b. WERE AUTOPSY FINDINGS	
CAL		240 /	CAD 8		t et	/	me Pu	62	PERFOR		2"	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI	9	5/	11 Forth		-		7		1 🗆 YES 2	□ ND		OF DEATH?	
Σ	1	#/	1200									1 TYES 2 NO	
AN	25. WAS CASE REFERRED T	TO MEDICAL					DI ACE OF DEATH #	Oh 1					
힐	EXAMINER?	y method.	HOSPITAL:			OTHER:	PLACE OF DEATH (C						
PHYSICIAN:	1 TYES 2 THO 27. MANNER OF DEATH		1 () Inpatient 2 E		28b. TIME		ome 5 Residence		Other (Specify) OESCRIBE HOW I	WILLIAM OC	CUREO		
		Pending	(Month, Day,		INJU	TY.	VORK?	200.	OESCHIBE HOW I	NJOHT OC	UNEU	- 1	
ВҰ	2 Accident	Investigation	28e. PLACE OF I	LILIBY — A	home form str			284	LOCATION (Street	and Number	ne Burnel	Boute Number	
	3 Suicide 8 Homicide	Could not be determined	building, etc	(Specify)	, , , , , , , , , , , , , , , , , , , ,	,		1	City or Town, State)		0.110.0	710010 110111001,	
	29a, CERTIFIER												
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8					arrestigation.	my opinion			unite etra prece, er				
BE	296. SIGNATURE AND TITLE	CON CERTIFIER	7 -1	. /	0		29c. LICENSE N	UMBER	57	29d, DAT	SIGNE	D (Month, Day, Year)	
2	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAUSE	OF DEATH	TEM 27) (Type. I	rint)	0 3	. /	. /	1	1	10	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-yours after death. Page 6 may be retained by the hospital or i	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us he within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	MEDIBLANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /			T OF H E OF				HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				IOAI	_ 01	DLA	111	2. DATE OF				3. TIME OF DEATH
	. Marv R	Δ.	, D., J						MONTH	DA		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	Oulaney 6. AGE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	# UNDER	24 HRS.	7. DATE OF	23.	199		HPLACE (State or Foreign
	577 54 5600	1 M 2X F		YRS.	MONTHS	DAYS	HOURS	Min.	(Month, E	Day, Year)	007	Count	try)
	577-54-5690 9a. FACILITY NAME (If not institution, give:	street and number)	82		9b. CIT	Y, TOWN O	R LOCATI	ON OF DE	MAY	29, 1	90.7	LWAS	HINGTON, D.C.
œ					-								
18	LELAND MEMORIAL H	OSPITAL			L_RI	VERD	ALE				PRT	NCE	GEORGES
DIRÉCTOR	10e. STATE 10b. COUNT	Υ		10c. CIT	ry, town	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
ā	MARYLAND PRIN	CE GEORGI	ES	HYA	TTSV	TLLE							1 YES 2 NO
\ \ \	104. STREET AND NUMBER					101	ZIP COD	Ē			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	5805 OHEENS CHAPE	I. ROAD					207	82			11	SA	
15	11. MARITAL STATUS	12 WAS DECEDED	T EVER IN U.S. AR	MED	13.				IIC ORIGIN? (n, Puerto Ric		or No-	14. RAC	CE — American Indian, ck, White, atc.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 TES				ari, aro.,		Spec	city:
	15. DECEOENT'S EDU	ICATION.	1 40 - 00	AFAFNITA	1				1			,	HITE
=	(Specify only highest grade	e completed)	(G	Ive kind of Do NOT u	work done	during mo	on at of working	19	16b. K	IND OF BUS	SINESS/INI	DUSTRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5	+)										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		п	OMEM	AKEK		18 MOT	HED'S NA	ME (First, Mid	riio Afairian	Cumamal		
	The state of the s	CIII POPI					C-100			GIN, INTERCENT	Surrame)		
BE	AUGUST S 190. INFORMANT'S NAME (Type/Print)	CHLEGEL	19	h MAILING	G ADDRES	SS /Street a			EIGEL Poute Number	City or Tow	on State 76	in Codel	00770
2	Richard C. DuLan												20772
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Ren		20b. PLACE						UPPER				IARYLAND
	1 🔀 Buriel 2 🗆 Cremetion 3 🗆 Ren 4 🗆 Donation 5 🗆 Other (Specify)	noval from Stata	other pl	oLIV		EMET							D.C.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	TI.L.	OLITY		, NAME AN		SS OF FA	CILITY	IWAS	TING	LON	Della
	19M-1.1	1 12.	. 0.		F	RANC:	IS J	. CO	LLINS	FUNE	RAL 1	HOME	, INC.
	Theraol	d. 1	you	/ 20									.MD. 20901
	23. PART I. Enter the diseases, or shock, or heart fellure.				not ente	r the mo	ae or ay	ing, auc	n aa cardia	c or reap	iratory ar	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	D			,	11	. 0						Onset end Death
	resulting in death)	a. Kei	Mode	on	70	uu	w						
		002 10		natory failure Transcouring of:									
CERTIFICATION	Sequentially list conditions,	b. DUE YO	-	QUENCE (OF):					1,			
¥	if any, leading to immediate cause. Enter UNDERLYING	6	mars	negotine Heart Jaken							re		
Ē	CAUSE (Disease or injury that initiated events	DUE 10	OF AS A TONSE	QUENCE (OF):								
H	resulting in death) LAST	d.	- 3										
	DART II Other significant condition	no contribution to	a de able had a se	lat-		- 4 - 1 - 1			n				
CAL	PART II. Other algnificant condition	na contributing to	o death but not	gnijiuser	in the u	inderiyin	g cause	given in	Part I. 2	4a. WAS AN PERFO		24	ib. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
					-		<u>.</u>		— l	YES 2	NO 🗆		OF DEATH?
ME													1 YES 2 NO
AN		1											
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF E	DEATH (Ch	eck only one)	-			
Η×S	1 YES 2 NO	1 L Inpetient 2	☐ ER/Outpatient 3	28b. Til		28c, INJ		esidence	8 Other (IN HIERY OV	CUBER	
	1 Netural 6 Pending		Day, Year)		JURY M	WC	PRK?	Пмо	200. DESC.	NIBE NOW	INJURY OC	COMED	
8	2 Accident Investigation	28a PLACE	OF INJURY — At he	ome form	street fa				28f LOCAT	ION (Street	and Numbe	or or Stern	I Route Number,
E	3 Suicide 6 Could not be 4 Homicide determined	building	, atc. (Specify)	orrog varity	, -11001, 10	ctory, onto	•			Town, State,		II OF THUISE	nous ramos,
<u> </u>	290, CERTIFIER												
MPI	(Check only												
COMPLET	2 MEDICAL EXAMIN	EH: On the basis of	examination end/or	Investigat	lon, in my	opinion, d	leath occu	red at the	time, date e	nd place, a	nd due to t	he cause	o(e) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	ER AA	ca a	1			29c. LIC	ENSE NUI	MBER				ED (Month, Day, Year)
TO E		M	3				D 2	1843			▶ 1	/24/	90
-	30. NAME AND ADDRESS OF PERSON W			M 27) (Typ	e, Print)		_	,		0	2		0 -
	MUSHTAR. A			H -	-	613	4	La	dour	- 1	· · C	work	er AD.
	JAN 30 90		AR'S SIGNATURE	<u>.</u>									
	Unit 7 0 30	Then	a Davidson	Band	00								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinours after death. Page 6 may be retained by 0	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be by selected and the state of	IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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d with	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the section within 29 hours after death with the State Deat of Health and Mental Hotelee prior to build, cremation, or removal	even
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PHYSICIAN: MEDICAL CERTIFICATION

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IMMEDIATE CAUSE (Finel

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that letters are continued in the continued of the

that initiated eventa resulting in dasth) LAST

disease or condition

resulting in death)

once.

FOR 1 STATE		STATE OF N	MARYLAN	D / DEPAR	RTMENT	OF H	IEALTH AND	MENTAL	HYGIEN	E	9	0 03	337
REGISTRAR				CERTIF	ICATE	OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First	The Court of the last							2. DATE	OF DEATH	Y	YEAR	3. TIME OF DEA	TH
JOHN	WALTER	₹	DA	VIS, J	R.			JANU	ARY	26.	1990	12:20	AM
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yr.	s. lest birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE (F BIRTH Day, Year)			IPLACE (State or F	oreign
577-09-5998	3	1 € M 2 □ F	82	YRS.	MONTHS	DAYS	HOURS MIN.		25.19	7		''' SACHUSE'	rrs
9a. FACILITY NAME (If not in	stitution, give at	treet and number)			9b. CITY	TOWN C	R LOCATION OF				NTY OF D		
MANOR CAI	RE WHEA	ATON				VHEA	TON			MO	NTGO	MERY	
RESIDENCE OF DEC	EDENT										111100		
10a. STATE	10b. COUNTY				Y, TOWN C							10d. INSIDE CIT	Υ
MARYLAND	MON'	TGOMERY		S	ILVE	R SP	RING					1 YES 2] NO
10a. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
15320 PINE	ORCHA	RD DRIVE					20906				USA		
11. MARITAL STATUS 1 Never Married 2 🔀 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	V NO		If yes, sp	ENDENT OF HISP ecify Cuban, Maxi 2 X NO Spec	can, Puarto R		or No-	Spec	E — American Ind k, Whita, etc. ify:	ilan,
15. DEC (Specify onl)	EDENT'S EDUC y highest grade	CATION completed)	164	. DECEDENT'S				16b.	KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (4		College (1-4 or 8	·	ille. Do NOT u	so retired.)		DIVISIO	N F	EDERAL	GOV	ERNM	ENT	
17. FATHER'S NAME (First, A	liddle, Last)						18. MOTHER'S						
JOHN WALTE	R DAVI	S, SR.					UNKN	OWN					
19a, INFORMANT'S NAME (ype/Print)			19b. MAILING	ADDRESS	S (Street a	and Number or Run		er, City or Town	n, State, Zi	p Code)	20	906
MARGARET E.	DAVIS			15320	PIN	E OR	CHARD D	RIVE	SILVER	SPR	ING.		
20a, METHOD OF DISPOSIT 1 A Burial 2 Crematic	on 3 🗆 Reme	oval from State	oth		SITION (No	me of cer	metery, cremetory o		20c. LO	CATION —	City or To	own, State ARYLAND	
21. SIGNATURE OF FLUMENA	L SERVICE LIC	ENSEE	rek		FR	ANCI	S J. CO	LLINS					901
23 PART . Enter the d shock, or h	laesses, or c	emplicetions the	t coused the	e death. Do	not enter	the mo	de of dying, at	ich as cerd	lac or respi	ratory ar	reat,	Approximinterval I	nate

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpetient 2 ER/Outpetient 3 I DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending investigation 1 YES 2 NO 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 5 Could not be determined 4 Homicide

29a. CERTIFIER
(Check only one)

2 | MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner se stated.

lastation

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.

2 ___ MEDICAL_EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29b. SHANATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	294. DATE BIGNED (Month, Day, War)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		7
R. T. Bennek HO HUE Alia	Da 71160-	Ti and angula

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) IAN 30 '90

who Davidson Randolls

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a phospital. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF MARYL				EALTH AND	MENTA	L HYGIENI			
1. DECEDENT'S NAME (First,	Middle, Last)							OF DEATH		3. TIME OF DEA	гн
JOSEPHI	NE DOW	NS					Jan		1990	8	м
4. SOCIAL SECURITY NUME	ER 8.	. SEX 6. AGE	In yrs. lest t		UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	8. BH	RTHPLACE (State or Fi	oreign
557-10-83	84 1	□ M 2 F 8	2	YRS.	ITHS DAYS	HOURS MIN.				icily	
9a, FACILITY NAME (If not in		t and number)	3//	9b.	CITY, TOWN	R LOCATION OF DI			9c. COUNTY O		
Anne Arun	EDENT	dical Cen	ter			apolis			Anne	Arundel	
10e. STATE	10b. COUNTY				OWN OR LOCAT					10d. INSIDE CIT LIMITS?	r
Maryland	Anne	Arundel		A	nnapo					1 🗌 YES 2 💢	NO
10e. STREET AND NUMBER					101	ZIP CODE				F WHAT COUNTRY?	
225 Autu						21401				.A.	
11. MARITAL STATUS 1 Never Married 2		2. WAS DECEDENT EVER II FORCES? 1 YES	2 XNO		If yes, sp	ENDENT OF HISPAI ecity Cuben, Maxics	n, Puerto	N? (Specify Yes Rican, etc.)		ACE — American Ind leck, White, atc.	en,
3 XWidowed 4 Dive		IF YES, GIVE WAR OR D	ATES		1 🗌 YES	2 NO Specif	y:			ite	
15. DEC	EDENT'S EDUCAT	TION	16a. DEC	EDENT'S USU	IAL OCCUPATION	DN .	161	b. KIND OF BUS	INESS/INDUSTR		
(Specify onl	y highest grade cor	mpleted) College (1-4 or 5 +)	(GM life. E	e kind of work Do NOT use rei	done during mo lired.)	et of working					- 1
8			F	urri	er			Clot	hing		
17. FATHER'S NAME (First, M	liddle, Last)					18. MOTHER'S NA	ME (First,	Middle, Malden	Surname)		
Santo Can	navo					Rose	Rus	SO			
19a. INFORMANT'S NAME (Type/Print)	***	19b.	MAILING AD	DRESS (Street	nd Number or Rural	Route Nun	nber, City or Town	, State, Zip Code)	
Jack Webb			2	33 A	utumn	Chase	Dri	ve, A	nnapol	is, MD	2140
20a, METHOD OF DISPOSIT	ION	200	o. PLACE O	F DISPOSITIO	ON (Name of ce	metery, cremetory or		20c. LO	CATION — City o	r Town, State	
4 Donation 6 Other		ii from state			coln	Cemeter	CY_	Br	entwoo	d, MD	
21. SIGNATURE OF FUNERA	L SERVICE LICEN	ken /	1		22 NAME A	or Fune	ICII ITY	Chan	-7	21401	
1/object	11	Doub	m	1		Glouces					
23. PART I. Enter the d	Iseases, or con	nplications that gause	d the dee	th. Do not						Approxin	nate
		st only one cause on e	ach line.		, 1		^			Interval E	
immediate cause (Fig disease or condition_	nel	MMINI	10+3	1	(A)	MIL	()	INV 1	/	7.1	/
resulting in deeth)	a	DUE TO (OR AS	CONSECU	JENCE OF:		701(1			V	12).	
										1	
Sequentially list condit if any, leading to imme		DUE TO (OR AS	A CONSEOL	JENCE OF):		· · · · · · · · · · · · · · · · · · ·					
cause. Enter UNDERLY CAUSE (Disease or init	ING										
that initiated events		DUE TO (OR AS	A CONSEO	JENCE OF):							
resulting in death) LAS	d.										
PART II. Other algorifica	ent conditions	contributing to death i	out not re	eulting in t	he underlyin	g cause given in	Part I	24s. WAS AN	AUTOPSY	24b, WERE AUTOPSY	FINDINGS
						g 00200 g.1011 III		PERFOR	MED?	AVAILABLE PRIOR	OT P
							_	1 TYES 2	□-NO	OF DEATH?	
									1	1 🗌 YES 2 🗍	NO
25. WAS CASE REFERRED 1	m MEDICAL I				26 D	LACE OF DEATH (C)	heat anti-	nel .		· · · · · · · · · · · · · · · · · · ·	
EXAMINER?	+	HOSPITAL:			THER:						
27. MANNER OF DEATH	'	28e. DATE OF INJURY	patient 3	28b. TIME O		JURY AT	T		NJURY OCCURE	9	_
	Pending	(Month, Day, Year)		INJUR	r W	YES 2 NO	200.00	_QOMBE NOW !			
2 Accident	Investigation	28e. PLACE OF INJUR	Y — At hom	ne ferm etre			281 10	CATION (Street	and Number or Br	ral Route Number,	_
3 Suicide 6 4 Homicide	Could not be determined	building, atc. (Spe	iclly)	re, raini, ecre	or, ractory, orre			y or Town, State)		ar riode rionos,	
29a. CERTIFIER	-17-17-17			-11-2					1//200		
(Check only		AN: To the best of my know								and the state of	
2 MEL		On the basis of examination	on end/or in	ivestigation, 1	n my opinion,	seath occured at the	e time, de	te and place, an			
296. SIGNATURE AND TITLE	E OF CENTIFIER	/ w/1 /				29c. LICENSE NU	MBER	U	29d. DATE SIG	NED (Month, Day, Year)
/hus	Now (my				151	18	0	1/2	4/90	
30. NAME AND ADDRESS O						_ ^-	A			07.403	
	-	an M.D.			uaing	s Aven,	an	napol	IS, MD	21401	
31. DATE FILEO (Month, Day,	1 1990	32 AEGISTRAB'S SIG	NATURE OF A	ndalla							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certhicate be executed writing and state death. Page 6 may be retained by the hospital or attending physician.	yours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit	/ filled in by the funeral director, page 5 should be detached for use as the burial-transit
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tion, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	the medical examiner must be notified at once.

296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILEO (Month, Day, Year) JAN 23 '90

2

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLA	ND / DEPAR CERTIF					MEN	NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)									DATE OF DEATH		VEAD	3. TIME OF DEATH
	Elizabeth	н.		Davi	S				J	anuary	zo,	1990	5:45 p m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER		IF UNDER		7. 0	Month, Day, Year)		6. BIRTI	IPLACE (State or Foreign
	220-09-9869	1 M 2 KF	6	9 YRS.	MONTHS	DAYS	HOURS	MIN.	11/17/1920 Ma			ryland	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF OEA						DEATH		
E	Merritt Mill Ro	H Bt 3	Box	12	Salisbury						lat i	on i	0.0
5	RESIDENCE OF DECEDENT				Jaiisbui y						Wicomico		
DIRECTOR	MD W:	icomico			Salisbury						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
AL	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	Merritt Mill Ro	d. Rt.	3 B	ox 12			21	801				U.S	. A.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — Ame Black, White,							E — American Indian,	
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1			1 YES 2 NO Specify:						Specify: White		
	15, OECEDENT'S EDUC (Specify only highest grade			16a. OECEOENT'S	EOENT'S USUAL OCCUPATION 16b. KIND OF BL						INESS/IN	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ilfe. Do NOT u	Do NOT use retired.)								
MP	12			House	usewife Own Home								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									First, Middle, Maiden	Sumame)		
BE	John Lloyd Hall						Go	oldi	е	Baker			
70	19a. INFORMANT'S NAME (Type/Print)							Number, City or Tow					
۴	Jack W. Davis	_		Ber	Benjamin Ave., Salisbury, Md. 21801 F DISPOSITION (Name of cometery, cremetery or 20c. LOCATION — City or Town, State								
	20a, METHOD OF DISPOSITION 1) Burlai 2 Cremetion 3 Remi	oval from State	20b.	PLACE OF DISPO	SITION (N	ame of ce	metery, cre	metory or					
	4 Donation 5 Other (Specify)		-	Pitts							Pitt	tsvi	lle, MD
22. NAME AND ADDRESS OF FACILITY 705 E. Main St. Bounds Funeral Home Salisbury,													
	23 PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. Liet only one cause on each line.										Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE C	PF):	2									
PHYSICIAN: MEDICAL	PART II. Other algnificent condition		death bu Verno d	_	in the u	nderlyln	g ceuse	given in	Par	t I. 24n. WAS AN PERFOI 1 TYES 2	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck o	only one)			
YSI	1 TES 2 NO	1 Inputient 2	☐ ER/Outpa	itlant 3 DOA			ne 5 B F	Residence	6 🗆	Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28s, DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c, INJURY AT WORK? M 1 YES 2						□ NO	28-	d. DESCRIBE HOW	NJURY O	CCURED	
TED BY	III 2 Culaida - 286, PLACE OF INJURY - At nome, term, street, tectory, office 1 281, LOCA							t. LOCATION (Street City or Town, State	end Numb	er or Rural	Route Number,		
COMPLETED		R: On the beels of											(a) and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIE	1 Jona	1.ch	MD.			29c. LIC	LENSE NU	A S	84	29d. DA	TE BIGNE	D (Month, Dey, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Rodney A. Wenrich, M.D. 102 Power St.

22. REGISTRAR'S SIGNATURE

29c. LICENSE NUMBER D 15384

DHMH-16 Rev 1/89

29d. DATE BIGNED (Month, Day, Year)

1 22 90

Salisbury, Maryland 21801

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AT THE	State	ě
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PHY	書	a la
DING	A Se	E 2
TEN	STOR STORY	8
TO THE HOSPITAL OR ATTENDANG PHYSICIANT. The Law requires that the death certificate be executed within 24 focus after death. Page 6 may be retained by the hos	TO THE RIVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT if item 28 is marked, or item 23 shows any injury, or other transactic event, the medical examiner must be netified at once.
PITAL	EPAL 172	11.2
HOS	F. F. S.	TON
黑	出題	PO4
E	FB	5

	FOR 1 . STATE	STATE OF P	MARYLAND /					MENTAL	HYGIEN	E	90	0	337	L
	REGISTRAR		CE	RTIF	ICATE OF	DEAT	TH_		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		TO TO TO A	70.70				2. DATE O	D/		YEAR		E OF DEATN	
	MORGAN RO 4. BOCIAL SECURITY NUMBER	OLLIN Is. sex	DESPA a. AGE (In yrs. lea					7. DATE OF	30	9	0	455	PM (State or Forek	М
	Contract of the second	1 [XM 2] F		YRS.	MONTHS DAYS	HOURS	MIN.	(Month,	Day, Year)		Count	(V)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gn
	577-10-0598	The same of	79	THO.				01-01	-1911		New	-	sey	
œ	Sa. FACILITY NAME (If not inatitution, give				ab. CITY, TOWN			EATN		Sc. COU	NTY OF D			
DIRECTOR	NORTH ARUNDEL HOS	PITAL			GLEN BI	RNIE		_		LA.A	· CC	UNI	Υ	_
) 00 10	10a. STATE 10b. CDUNT			10c. CIT	Y, TOWN OR LOCA	TION						10d. I	NAIDE CITY	
ä	MD) Anne	e Arundel	Co.	Arr	nold								YES 2 5 NO	0
	10e. STREET AND NUMBER				10	H. ZIP COD				10g. CIT	ZEN OF	WHAT C	OUNTRY?	
EB	College Parkway-	Chesapeak	e Manor	Nurs	sing :	21012				U.	S.A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED				NIC ORIGIN?		or No-	14. RAC	E — Am	erican Indian,	
BY F	1 Never Marriad 2 Marriad 3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1 TYE	B 2 NO		an, Puarto Ric ly:	en, etc.)		Spec	ity:	i, atg.	
			Merchant		- 1							Wr	ite	
TED	15. DECEDENT'S EDI (Specify only highest grad	JCATION is completed)	(GI	ive kind of	Work done during m	ON out of workli	10	16b, F	CIND OF BUE	INEOS/INC	DUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)		retired.)	m+ - w			Thomas					
3	AS BATHERIN MANUE (FILE AND ALLEY)		Tus	urai	nce Adju				Insur					_
BE COMPLET	17. FATHER'S NAME (First, Middle, Leat) Rawlings Seal	burv	Despard					AME (Firet, Mic						
B	19a. INFORMANT'S NAME (Type/Print)	July		****	3 ADDRESS (Street		len		Morga					
2	Ms. Anne Morgan	Desnard			Grosve							PN	D 2089	52
	20a. METHOD OF DISPOSITION	o o o p o z o	20b. PLACE	OF DISPO	SITION (Name of or					CATION —				
	1 Donation 8 Other (Specify)	noval from State	Metro	Cre	ematory		ilanoi y Gi			nsvi				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy.													
	Barranco Funeral Home Severna Park, MD21146													
-	22 BART Enter the discourse or	Jarra		-41 20										
	23. PART . Enter the disease, or ahook, or heart fellure	List only one oat	nee on each line	ath. Do	not sater the m	ode Di dy	ing, auc	on ea cerdi	ec or reepi	ratory ar	reet,		Approximate Interval Beti	neen
	IMMEDIATE CAUSE (Finel	1	10	7									Onset end E	eath
	resulting in death)	e. groc	Stoll	DUENCE C	_							-		
		Doean	TO AS A CONSE	DENGE C	Con-	011		Dise	20 -	0				
CERTIFICATION	Sequentially list conditions,	b. DUE TO	OR AS A CONSEC	DUENCE C	OYOV	any		2130		-		-		
X	if any, leading to immediate cause. Enter UNDERLYING	20				,								
F	CAUSE (Disease or Injury that initiated events	DUE TO	(DR AS A CONSEC	UENCE C	P):									
E	resulting in death) LAST	d.												
-	BART II. Other elevitions condition	no contribution to	death had not a		An Aba condent		-1 1				1			
¥	PART II. Other eignificent condition	tie contributing to	geeth put not r	eeuiting	in the underlying	ng cause	given in	Part I.	PERFOR		241	MAIL	AUTOPSY FIND ABLE PRIOR TO	
ă								-	1 🗆 YES 2	□ NO		DF DE	LETION OF CAL LATH?	70C,
×						- (-						1 🔲	YES 2 NO	
PHYSICIAN: MEDICAL														
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			OTHER:	LACE OF E	DEATH (C/	heak only one;						
YS	1 TES 1 NO	1.0 Inpetient 2	ER/Outpatient 2	_	4 Nursing No		ealdenca	_						
F	27. MANNER OF DEATN 1 Natural 6 Pending	28a, DATE OF (Month, I		26b, TII	IJURY W	ORK?		26d. DESC	RISE NOW I	NJURY OC	CURED			
BY	2 Accident Investigation					YES 2 [_ NO							
	2 Bulcide 6 Could not be 4 Nomicide determined	building	OF INJURY — A1 ho , etc. (Specify)	ma, farm,	atreet, factory, off	Ca			TION (Street in Pown, State)		r or Aurai	Floute N	umber,	
H	on CERTIFIER			-										
APL	(Check only	SICIAN: To the best of												
COMPLETED	2 MEDICAL EXAMIN	JER: On the besie of a	examination and/or	Investigat	lon, in my opinion,	death occu	red at the	e fime, date a	nd place, an	nd dua to 1	he cause(e) end i	manner ea stat	ed.
BE (296. BIGHATUME AND TITLE OF CENTHS	ER /		-1			ENSE NU						n, Day, Year)	
OT OT	Am a	-1	n			1 4	56	900		- /	1-3	60.	- 199	0
	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CAU	BE OF DEATH (ITE	M 27) (7)/p	a, Print)									

M.D. 7422 BALTIMORE - ANNAPOLIS BLVD.

Julia Navidson-Rondoll

1 1990

GLEN BURNIE

MARYLAND

DNMH-16 Rav 1/89



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many of the second

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH		NTAL HYGIENE REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM E		DEAVER				DATE OF GEATH	90	3. TIME OF DEATH 434 PM			
	4. SOCIAL SECURITY NUMBER 216-07-1971 9a. FACILITY NAME (If not institution, give str	1 ⋈ M 2 □ F 77	in yrs. last birthday) YRS.		EAR IF UNDER AYS HOURS IWN OR LOCATI	MIN.			BIRTNPLACE (State or Foreign Country) aryland			
TOR	NORTH ARUNDEL HO				BURNI		A.A. COUNTY					
DIRECTOR	V	Arundel		y, town or i n Burn					10d. INSIDE CITY LIMITS? 1 YES 2XXNO			
FUNERAL	1330 Aster Drive				2 106	1		U.S.	OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 2 YES IF YES, DIVE WAR OR ON WW 2	2 NO	II ye		ORIGIN? (Specify Yea Puerto Rican, etc.)	fea or No— 14. RACE — American Indian Black, White, etc. Specify: White					
COMPLETED	15, DECEOENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION	16e. DECEDENT'S (Give kind of the Do NOT us	work done duri se retired.)	IPATION ng most of world	Manyla						
BE COME	12 17. FATHER'S NAME (First, Middle, Lest) William E. Deaver	<u> </u>	T OF EIIIa	11			(First, Middle, Meiden S		35 COT p.			
TO B	19a. INFORMANT'S NAME (Type/Print) Helen Buchanan		1330	Aster	Dr., G	len Bu	no Number, City or Town	210	61			
	20a. METNOD OF DISPOSITION XX Burial 2 Cremation 3 Page 4 Doneilo(5 Other (Specify) 21. SIGNATURE FUNERAL SERVICE LICE	onl from State	cedar Hi	11 Cem	etery	SS OF FACIL	Bro	oklyn	Pk., A.A., MD			
	Kirkley Funeral Home 421 Crain Hwy. S.E., Glen Burnie, MD 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between											
		shock, or heart fallure. List only one cause on each line. IMEDIATE CAUSE (Final sease or condition August										
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury let initiated events Due to on as a consequence of):										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDIN											
PHYSICIAN: MEDICAL							PERFOR 1 TYES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YES	HOSPITAL: 1 inpatient 2 ER/Outp	patient 3 DOA	OTHER:	26. PLACE OF C		only one) Other (Specify)					
ВУ РНУ	27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year)		JURY M	c. INJURY AT WORK? 1 YES 2	□ NO	ed. DESCRIBE NOW I					
	3 Suicide 6 Could not be 4 Nomicide determined	26e, PLACE OF INJURY building, etc. (Spec	' — Al home, farm,	street, factory	, offica	2	81. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,			
COMPLETED	one)	CIAN: To the best of my know R: On the basic of axamination							euse(e) and manner as stated.			
TO BE	29b. SIONATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	N. st	LINOUS COM	Print)	7 290 LIC	CU -G	23k	29d. DATE SI	ONED (Month, Dey, Year)			
	DR. GUILLERMO S. LINSAO 7308 FURNACE BRANCH ROAD GLEN BURNIE, MARYLAND 21061											
	FEB 1 199	32. REDISTRAR'S SIGN		-								

Comment of the Brown

7529-00.

FOR STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTRAN			Enili	ICALE	OF	DEATH		HEG. NO.			
-	1. DECEDENT'S NAME (First, Middle, Last)	Madeline	Marie	Dom				2. DATE OF MONTH Janua	DA	1, 1	990	3. TIME OF DEATH 12:26 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			
	200-46-7207	1 □ M 2 🗶 F	70	YRS.	MONTHS D	AYS	HOURS MIN.	02/22	ey, Year)		PEN	NSYLVANIA
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	O MMC	R LOCATION OF DI	EATH		9c. COL	INTY OF E	PEATH
TOR	Memorial Hospita	L			Cumbe	erl	and			A1	lega	ny
DIRECTOR	10a. STATE 10b. COUN	ERSET			Y, TOWN OR I							10d. INSIDE CITY LIMITS? TX YES 2 NO
FUNERAL	MAIN STREET, P	о вох 5					. ZIP CODE 15564					WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2X WAR OR DATES	ARMED NO	If ye	es, spe	ENDENT OF HISPAI acity Cuban, Maxics 2 X NO Specif	in, Puerto Rica		or No—	L, 1990 12: 6. BIRTHPLACE (Stein of Country) PENNSYLVA 9c. COUNTY OF DEATH Allegany 10d. INSIDE LIMITS? X YES 2 10g. CITIZEN OF WHAT COUNTR USA OF NO— 14. RACE — American Black, Whita, atc. Specify: WHITE NESS/INDUSTRY UITIANNO MERICK State, Zip Code) 5545 ATION — City or Town, State VALE, MARYLAN RAL HOME AN, PA 15545 atory arreat, Appro Onaet Onaet UITIOPSY MED? MAILABLE PI COMPLETION Onaet UITIOPSY MED? LIMITOPSY MAILABLE PI COMPLETION OF DEATHS LIMITOPSY MED? LIMITOPSY MED? LIMITOPSY MED. MED. LIMITOPSY MED. MED. LIMITOPSY MED. MED. LIMITOPSY MED. MED. LIMITOPSY MED. MED. LIMITOPSY MED. MED. LIMITOPSY MED. MED. LIMITOPSY MED. MED. LIMITOPSY MED. MED. LIMITOPSY MED. MED. LIMITOPSY MED. MED. LIMITST MED. LIMITST LIMITST LIMITST MED. LIMITST LIMITST LIMITST MED. LIMITST LIMITST LIMITST MED. LIMITST LIMITST LIMITST MED. LIMITST LIMITST LIMITST MED. LIMITST LIMITST LIMITST MED. LIMITST LIMITST LIMITST MED. LIMITST LIMIT	
COMPLETED	15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		+)					16b, KI	ND OF BUS	SINESS/IN	DUSTRY	
S	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First Mide	do Mairian	Sumama	-	
BEC	ROY EDWARD KEN	NELL						BLANC			CK	
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADORESS (S	treet a	nd Number or Rural	Route Number,	City or Town	n, State, Z	ip Code)	
10	RAY W. DOM						74, HYND		PA 1	5545		
	26e. METHOD OF DISPOSITION **Exemple 2	1-1	20b. PLAC other RES	E OF OISPO place) TLAWN	MEMOR	RIA	L PARK		LA	VAL	E, M	ARYLAND
	21. SIGNATURE OF FUNERAL SERVICES	Texa	~				EY H. ZE ENCE STR					
NOI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	b. CHF	O (OR AS A CONS									Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e Decul OUE TO	o (OR AS A CONS	CLEM, SEQUENCE O	The hy	do	but to cepha	leller lun t	4-P	She	nt	
	PART II. Other algnificant condition	ons contributing t	o death but no	t resulting	In the unde	riyin	g cause given in	Part I. 2	4a. WAS AN		24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDICAL			\					_ 1	☐ YES 2	XXvo		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T				26 PI	LACE OF DEATH (C)	heek ook one)				
2	EXAMINER?	HOSPITAL:	☐ ER/Outpetient	2 🗆 804	OTHER:							
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE C (Month,		26b. TII		Bc. INJ	NO 6 Residence	1		INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide a Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY One) 2 MEDICAL EXAMI	The second second										(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIF	1_					29c. LICENSE NU	MBER (579	7	29d. DA	TE SIGNE	6
2	Dr. Suresh Memor		·	, , , ,		in	o. Cumbo	rland	MD	2150	2	
	31. DATE FILEO (Month, Day, Year)	32. REGISTI	RAR'S SIGNATURE		11111111							
	I I D OT 1990 YOUR	who to to to to	Moderate									

ospital or attending physician. shed for use as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE MAN AND 21203-3146 our after death. Page 6 m

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within Jours after death. Page 6 m. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal: iMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

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BALTIMORE, MARYLAND 21203-3146	may	c. pa	at b
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IIVISION OF VITAL RECORDS, P.O. BOX 13146,	ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	ALC	AL D	H H
	D THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: be filed within 72 hours after the	APORTANT: If Item 28 is
	DH 3	E F	RTA
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	FOR STATE REGISTRAR	TE OF MARYLAND) / DEPARTM			MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE O	F OEATH		3. TIME OF DEATH		
- 1	Harry James Denney	V				МОНТН	-26-	90	12:00P,M		
	4. SOCIAL SECURITY NUMBER 5. SEX		. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH		THPLACE (State or Foreign		
BY PHYSICIAN; MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPL	10 1 -0 -111/	42 🗆 F 84	YRS.	NTHS DAYS	HOURS MIN.	03/	Day, Year) 17/05	Lou	isville, KY		
	9a. FACILITY NAME (If not institution, give street and i	,	96	CITY, TOWN O	R LOCATION OF DE	ATH	9c. C	COUNTY OF	DEATH		
D.	Washington Adventist	Hospital		Tak	oma Park	C		Mont	gomery		
ĕ	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION				10d, INSIDE CITY LIMITS?		
	Maryland Prince	e George's	I	lyattsv	ille				1 X YES 2 NO		
A	10e. STREET AND NUMBER			10f.	ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?		
<u> </u>	5616 Randolph Street	t			20784	4		U.S.	Α.		
5	11. MARITAL STATUS 1 Never Married 2 X Married FOR	S DECEDENT EVER IN U.S. RCES? 1 TYES 2	ARMED TO NO		ENDENT OF HISPAN		(Specify Yea or No-	- 14. RA	CE — American Indian, ack, White, etc.		
		YES, GIVE WAR OR DATES			2 NO Specify		our, etc.,	Specify:			
	15. DECEDENT'S EDUCATION		. DECEDENT'S USI	111 0001101710		1 405	KIND OF BUSINESS		White		
E I	(Specify only highest grade complete	od)	(Give kind of work life. Do NOT use re	done during mos	st of working	400					
2	Elementary/Secondary (0-12) Colleg)e (1-4 or 6+)	Plate P) Dt	reau of	Prin			
MO	17. FATHER'S NAME (First, Middle, Lest)		llate I.	Tucer	18. MOTHER'S NA	ME (First, Mi	iddle. Maiden Surnan	ne)	Engraving		
	Reese W. Denney Julia Jones										
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a			or, City or Town, State	, Zip Code)			
일	Mary Catherine Denne	ev	5616 F	Randoln	h Street	- Hv:	attsvill	o Ma	ryland 20784		
	20s. METHOD OF DISPOSITION	20b. PL/	ACE OF DISPOSITION	ON (Name of cen	netery, crematory or		20c. LOCATION	— City or	Town, State		
	1 XBurdal 2 Commetton 3 Removal from State Other place)										
- 1	21, SIGNATURE OF FUNERAL MERVICE LICENSEE	0 11		22. NAME AN	D ADDRESS OF FA	CILITY					
- 1	Deck 11	Sition					ons Funer				
	23. PART I. Eater the diseases, or complic	ations that caused the	death. Do not						le, Md 20781		
	nock, or heart fellure. List onl	y Dna csuse on each	lina.	1			or or racpirotory	arrood	Interval Between Onset and Death		
	IMMEDIATE CAUSE (Finel disease or condition	HUDE	med.	wh	_				Onset and Death		
	resulting in death)	DUE TORON AS A CO	esequence on	1000	1.	_					
_	- 1	mosta	De la	Mol	_tu	N					
0	Sequentially list conditions, If any, leading to immediate										
8	CAUSE (Disease or Injury										
Ē	CAUSE (Disease or injury that initiated events										
E	resulting in death) LAST										
	PART ii. Other aignificent conditions contr	thuting to death but r	ot resulting in t	he underlying	couse given in	Part I	24a, WAS AN AUTOF	ev I 2	4b. WERE AUTOPSY FINDINGS		
	british			and and any in	, could given in		PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
	1/2/2011	· egra				_	1 TYES 2. H	5	OF DEATH?		
₹	100 la 1 la 1 la 1 la 1 la 1 la 1 la 1 l	,							1 YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL			20 81	ACE OF DEATH (Ch	ant ont on	.4				
2	EXAMINER? HOS	PITAL:		THER:		40					
4		patient 2 ER/Outpatier	28b. TIME 0		e 5 🗆 Residence	T	(Specify) CRIBE HOW INJURY	OCCURED			
	1- Netural 8 Pending	(Month, Day, Year)	INJUR		RK?						
	2 Accident Investigation 3 Suickle 6 Could not be	Be. PLACE OF INJURY - A	At home, farm, stre			281, LOCA	TION (Street and Nu	mber or Run	al Route Number,		
	4 Homicide determined	building, etc. (Specify)				City o	r Town, State)				
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIAN: TO	the heat of my knowledge	a death consumed	of the time date	and alone and dur	to the env		a stated			
M	(C)GOL only								e(s) and manner as stated.		
	THE SOUNTINE AND TITLE OF CONTENTS	1/1		Q /							
H	I IVICAN P	IN WI	MM	N A	29c, LICENSE NU	466	296,	1h	6 9 0 Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH	(ITEM 27) (Time Pr	int)	UUI	111		110	-11		
		The St Section	, =17 (3pm r)	9							
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGNATU	RE								
	JAN 29 90 fu	lia Davidson-Ra	ndell								

OHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1. 2, 3 should be detached for use as the bunial-transit permit. Pages 1. 2, 3 should be detached for use as the bunial-transit permit. Pages 1. 2, 3 should be detached for use as the bunial-transit permit. Pages 1. 2, 3 should	Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E DIVISION OF VITAL RE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law re	TO THE FUNERAL DIRECTOR: After this certificate has bee be filed within 72 hours after death with the State Dept. o	IMPORTANT: If Item 28 is marked, or Item 23 sh
0	-		

	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.			
	1. OECEOENT'S NAME (First, Middle, Last)					2. OATE OF O	EATH DAY	YEAR	3. TIME OF OEATH	
	MILDRED	MARIE D	RISH			01		90	2:35 A M	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,		8. BIRTHI Country	PLACE (State or Foreign	
	212-62-1778	1 - M 2 X F	86 YRS.	MONTHS DATS	HOURS MIN.	08-16-	-1903		hington, D.C	
	9a. FACILITY NAME (If not institution, give :	street and number)		96. CITY, TOWN O	R LOCATION OF OR	EATH	9c. CO	9c. COUNTY OF OEATH		
10	ADYS SPELLMAN NE	JRSING CARE	CENTER	CHEVER	LY	PRI	NCE G	EORGE 'S		
E	00. STATE 10b. COUNT			TOWN OR LOCAT	ION				10d. INSIDE CITY	
8	Maryland Prin	ce George's		rook					LIMITS?	
- 0	10e. STREET AND NUMBER	300 000 000	Dear		. ZIP COOE		10g. C		THAT COUNTRY?	
R	9326 Wellington S	treet			20706		11	.S.A.		
FUNERAL	11. MARITAL STATUS	12 WAS DECEMENT EVER	IN U.S. ARMEO	13. WAS DEC	ENGENT OF HISPAN		ecify Yes or No-	14. RACE	- American Indian,	
	1 Never Merried 2 Merried	FORCES? 1 YES	S 2 X XIO DATES	If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 □ YES 2 📉 NO Specify: Black, White, etc. Specify: White						
BY	XX Widowed 4 □ Divorced						MILLE			
COMPLETED	15. OECEOENT'S EOU (Specify only highest grade		16a. OECEOENT'S L	USUAL OCCUPATION ork done during money oretired.)	ON at of working	16b. KING	OF BUSINESS/II	VOUSTRY		
E	Elementary/Secondary (0-12) 6th -	College (1-4 or 5+)	Homemak			Own	n Home			
MP	17. FATHER'S NAME (First, Middle, Last)				15. MOTHER'S NA					
8	William F. Reagan	1								
BE	19a. INFORMANT'S NAME (Type/Print)		195 MAILING	ADDRESS (Street a	nd Number or Rural i	Matthe		Zin Codel		
5	William Riley Dri	sh	12275		on St.,				20706	
	20a METHOD OF DISPOSITION		0b. PLACE OF DISPOSI				20c. LOCATION -			
	A Buriel 2 Cremation 3 Ren 4 Donation 5 Donation (Specify)	noval from State	other place)	Cemete	Cemetery Suitland, Ma					
	21. SIGNATURGOS FUNERAL BERVICE L		7		IS GASCH	CILITY	Durera	14, 116	ar y rand	
- 8	> Hh. 1/	1/14	/_	4730	IS GASCH	S SONS	FUNERA	AL HON	1E	
	23. PART i. Unter the diseases, or	complications that cause	ed the death. Do n						Md. 20781	
	mock, or heart failure.	List only one cause on	aach line.	ot writer the mo	de or dying, soc	ri es cardiec (or respiratory i	irrest,	interval Between Onset and Death	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)									
- 1	OUE TO (OR AS A CONSEQUENCE OF):									
-	Je culi luo Men									
CERTIFICATION	Sequentieily list conditions, if any, leading to immediate	0.	A CONSEQUENCE OF):						
R	cause. Enter UNDERLYING CAUSE (Disease or injury	G.								
E	that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):						
ER	resulting in death) LAST									
	PART ii. Other aignificant conditio	ne contributing to deeth	but not reaulting is	n the underlying	g cause given in	Part I. 24e.	WAS AN AUTOPS	Y 24b	WERE AUTOPSY FINDINGS	
EDICAL	Oscar		Jynors				PERFORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
			1			_ ' '	YES 2 THO		OF DEATH?	
M						-			1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (Ch	neck only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence	5 C Other (Sne	nc/h/)			
Ŧ	27. MANNER OF OEATH	28s. DATE OF INJURY	Y 28b. TIME	OF 28c, INJ	URY AT		E HOW INJURY	CCUREO		
ву р	1 Netural 5 Pending 2 Accident investigation	(Month, Day, Year) INJU		YES 2 NO					
	3 Suicide 8 Could not be	28s. PLACE OF INJUI building, etc. (Sc	RY — At home, ferm, s	treet, factory, offic	•	281. LOCATION City or Tox	N (Street and Numi	ber or Rural F	Route Number,	
TED	4 Homicide determined					0.17 07 101	vii, Gratey			
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my kno	owledge, death occurre	d at the time, date	and place, and due	to the cause(s)	end manner as a	stated.		
0	onel	IER: On the basis of examinat	tion and/or investigation	n, in my opinion, d	leath occured at the	time, deta and	place, and due to	the cause(s) and manner se stated.	
E C	296. SIGNATURE AND TITLE OF CERTIFIE	en / Dd	tendize		29c. LICENSE NU		29d. D	ATE SIGNED	(Month, Day, Year)	
0	Went 4	11 11	7		125	771	-	1/2	4/90	
5	30. NAME AND ADDRESS OF FILMON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) DON H OBJOROWITE, MD 10300 GIERIBUT Rd. #101 Section 20706									
	Don H. 70	bldnowite,	mo 10	1200	GILLIA	LIT N	, , ,	0	20706	
	31. OATE FILEO (Month, Day, Year)	Salia Navida	GNATURE							
1	JAN 29 '90	Chillia Jainda	Handall							

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101.00	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	red, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
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31. DATE FILED (Month, Day, Year 1 25 190

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE Saidson-Randelle

	1									90	033	79		
	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT OF				GIENE G. NO.					
	1. DECEDENT'S HAME (First, Middle, Last)							2. DATE OF DE	ATH		3. TIME OF DEA	ATH		
	SUSAN L ENSOR							JANUARY	25. 1	990	1:15	PM		
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 2	74 HRS.	7. DATE OF BIRT	TH	8, BIRT	THPLACE (State or I	Foreian		
. 11	216-70-2341	1 🗆 M 2XXF	31	YRS.	MONTHS DAYS	HOURS	MIN.	Feb. 8	1059	Cour	nnsylvan:			
	9a. FACILITY HAME (If not institution, give str				9b, CITY, TOW	L OR L OCATIO	N OF DE			OUNTY OF		La		
FUNERAL DIRECTOR	THE JOHNS HOPKINS		L		BALTI		CIT			LTIM				
[ភ្ជុ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY											PM		
E					,					10d. INSIDE CIT				
۵		dams		N	ew Oxfo						1 YES 2			
M	10e. STREET AHD NUMBER					IOF. ZIP CODE			10g. (CITIZEH OF	WHAT COUNTRY?			
ii	1589 Storms Stor	e Road		17350							USA			
5	11. MARITAL STATUS	12. WAS DECEOEHT	EVER IN U.S. AR	MED				NIC ORIGIH? (Spec		- 14. RA	CE - American Ind	den,		
ВУ Е	1 Hever Married 2 Married	FORCES? 1 [IF YES, GIVE WA	R OR DATES			ES 2 NO		MG.)	11.97	ecify:				
	3 Widowed 4 Divorced					41					White			
ED	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DE	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	ll/in	Do NOT u	sa retired.)	noor or working	,							
필		2 yr.		House	ewife									
COMPLET	17. FATHER'S HAME (First, Middle, Last)				18. MOTH	ER'S NA	ME (First, Middle, I	Maiden Surnam	o)					
	Malcom B. Shadl				Fire	lyn Ohl	or							
BE	19a INFORMANT'S NAME (Type/Print) 19b MAII ING ADDRESS (Street							Evelyn Ohler						
2														
	20s, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town. State													
		val from State	other pla	ice)				- 1						
	4 □ Donetion 8 □ Other (Specify) Mt. Carmel Cemetery Littlestown, Pa. 21. SIGNATURE OF FUNERAL SERVICE LICEHSEE 22. NAME AND ADDRESS OF FACILITY													
	21. SIGNATURE OF FUNERAL SERVICE LICE	EHSEE)	A .		22. NAME	AND ADDRES	S OF FA	CILITY						
	Eline Funeral Home Reisterstown,										cown. Md			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate													
	ahock, or heert feliure. List only one cause on esch line.													
	IMMEDIATE CAUSE (Final disease or condition										Onsat a	O.J		
	resulting in desth) e. SUSSS DUS TO (OR AS A CONSEQUENCE OF):											Sou		
1		008100	DH AS A CONSEC	DUENCE O	F):		`				11440			
N	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Difficulty Cause (Disease or injury) Difficulty Cause (Large Cell Lymphone) Difficulty Cause (L													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											4.4		
2	CAUSE (Disease or injury	5/P	Bone	_ n	namo	w 42	w	15 plan	~t		MOW	41		
쁜	that initiated events	1	ON NO N CONSEC	JOENCE O	r).	1					1			
H	reaulting in death) LAST	live	r du	95	unc	hn					Iwe	RK		
·	PART II. Other significant conditions	a contribution to	donth hut mat a		In the condess.		luna to	Book I Ave t		I.				
MEDICAL	PART II. Other significant conditions	s continuating to t	JORUI DUL HOLF	esulting	in the underly	ing cause g	IVEN IN	Part I. 244. V	PERFORMED?	SY 2	46. WERE AUTOPSY AMAILABLE PRIO	R TO		
ă								1 🗆	YES 2 NO		OF DEATH?	FCAUSE		
믲										- 1	1 TYES 2	NO		
										- 1				
IA	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF OF	ATH (Ch	neck only one)						
Sic	EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:	nme 8 🗆 Ber	aldence	8 Other (Spec	Mr.)					
PHYSICIAN:	27. MANNEB OF CEATH	28a. DATE OF I	NJURY	28b. TIN	E OF 28c.	NJURY AT		28d. OESCRIBE		OCCUREO				
-	1 Heturel 5 Pending	(Month, De	y, Yber)	IH.	JURY	WORK? YES 2	НО							
			IAI ILIDY At he	- fa			1.15	OR LOCATION	(Direct and Mon		-18-4-N-1			
B⊀	2 Accident Investigation	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)												
ED BY	3 Suicide 8 Could not be	28a. PLACE OF building, e	tc. (Specify)					Sity of John	i, Giane)					
ED BY	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, e	dc. (Specify)						i, Gialay					
ETED BY	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF building, e	vic. (Specify)		red et the time, d	ata and place,	and due			stated,				
ETED BY	3 Suicide 8 Could not be determined 29s. CERTIFIER 1 CERTIFUMO PHYSIC	Dullding, e	ny knowledge, de	ath occurr				to the cause(a) s	end manner as		e(a) and manner as	s stated.		
COMPLETED BY	3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only	Duliding, of CIAH: To the best of a	ny knowledge, de	ath occurr		, death occure	ed at the	to the cause(a) of time, data and pl	and manner as	o the caus				
ETED BY	3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINES	Duliding, of CIAH: To the best of a	ny knowledge, de	ath occurr			NSE HUI	to the cause(a) of time, data and pl	and manner as	o the caus	e(e) and manner as			

D. Bason, mo.

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

Jrs after death. Page 6 may be retained by the hospital or attending physician.

petrety filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely liked in by the funeral director, page 5 should be detached for u	De med Within 72 nouts after death with the State Dept. Or regult and mention by print, contractor, or letting as notified at once, IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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31. DATE FILED (MONTH, Day, Year) 990

SHAW M.D

	1 - FOR STATE REGISTRAR	STATE OF MA		DEPART					MENTA	L HYGIEN	E				
1200	1. DECEDENT'S NAME (First, Middle, Lest)	JAMES	н.		EAST	S	R.		JAN	of DEATH	1990	YEAR	3. TIME OF		м
	4. SOCIAL SECURITY NUMBER 212-09-9059 9a. FACILITY NAME (If not institution, give st	1 📉 M 2 🗌 F	i. AGE (In yrs. Inst		IF UNDER	DAYS	IF UNDER	MIN.	JAN	of BIRTH h, Day, Ybar) 19,1		Count M.	HPLACE (SINN TY) ARYLAN	or Foreign	
TOR	405 NEWBURG AVENUE						SVII		EATH			ALTI			
DIRECTOR	10a. STATE 10b. COUNTY	ALTIMORE		10c. CITY	TOWN OF		ION /ILLE	 E					10d. INSIDE	37	_
FUNERAL	100. STREET AND NUMBER 405 NEWBURG AVENUE	Ξ				101.	2122				10g. CIT	U.S	WHAT COUNT	HY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 () IF YES, GIVE WAS	YES 2 N		- If	yes, spe		n, Mexica	n, Puerto	N? (Specify Yes Rican, atc.)	or No—	14. BAC	E — America k, White, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gi	CEDENT'S (Ve kind of w Do NOT use	ork done d retired.)	uring mo	st of worldi	ng		CE CR		DUSTRY			
	17. FATHER'S NAME (First, Middle, Lest) JAMES HOWARD EAST	1								Middle, Maiden	Sumame)				
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street a		CLEN	MYE	ERS ber, City or Town	n, Stein, Zi	p Code)			_
5	ELIZABETH EAST									SVILLE,			ND 21	228	
	20a. METHOD OF DISPOSITION 1 & Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE of other ple	OF DISPOS	ARK (CEME	TERY				CATION —		own, Stata MARYL	AND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Witch			LEI 16:	ROY	M. &DMON	RUS RUS	CILITY SSELI I AVE	C. WI	TZKE	E FUN	ERAL E, MD	HOME:	5 28
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that client only one cause	on each line	ath. Do n	ot enter	tha mo	da of dy	ing, auc	h aa car	diac or reapi	ratory ar	reat,	Inter	oximate val Betwe et and De	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury, that initiated eventa resulting in death) LAST	Severe	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	PD	,-										
	DATE II Other elemitinent condition	d. (Critical	461101										1		
PHYSICIAN: MEDICAL	PART II. Other eignificant condition	a contributing to o	eath but not r	esuiting i	n the uni	aurrying	cause	given in	——————————————————————————————————————	24a. WAS AN PERFOR 1 TYES 2	MED?	24	AWAILABLE I COMPLETIO DF DEATH? 1 YES	PRIOR TO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only o	ne)					
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I		DOA 28b. TIME	4 🗆 Nurs			esidence		SCRIBE HOW I	NJURY OC	CURED			
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	INJ	JRY M	WO	RK? /ES 2	□ NO							
	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF building, et	INJURY — At ho	me, farm, a	treet, facto	ery, office				CATION (Street a or Town, State)	and Numbe	or Aural	Route Number	¢	
COMPLETED	ann)	CIAN: To the best of m											a) and manne	er as stated	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	Isten.	(d				-	296			29d, DAT	15/	Moren, Deg	Year)	
F	30. NAME AND ADDRESS OF BEBSON WH	O COMPLETED CAUSE	DE BEATH (ITE	M 27) (Type,	Print)										

5800 EDMONDSON AVENUE, CATONSVILLE, MARYLAND
32. REGISTRATES SIGNATURE.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a reduction after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	WPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
S, P.O. BOX 1314	e death certificate be executed	this certificate has been signed by the attending physician and completely filled in by the for with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	lury, or other traumatic en
VITAL RECORDS	JAN: The law requires that the	rtificate has been signed by the State Dept. of Health and I	or Item 23 shows any in
DIVISION OF	SPITAL, DR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with th	NT: If Item 28 is marked,
	TO THE HOS	TO THE FUN be filed with	IMPORTAN

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I			HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) John Joseph	n Eekman				2. DATE OF MONTH	DEATH DAY	/90°	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-01-4679	6. SEX 6. AGE (1	73 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	Ch 4	BIRTH Pay, Year)	Count	PLACE (State or Follows Tryland
OR	9a. FACILITY NAME (If not institution, give st St. Agnes Hospi			Baltim	OR LOCATION OF			COUNTY OF E	DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Md.	Baltimore	1	, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
1	10e. STREET AND NUMBER			10	. ZIP CODE		10g.	CITIZEN OF	1 YES 2 NO
FUNERAL	1535 S. Rollin 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— Hyes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE—Block, 1					E — American Indian, k, White, etc.		
ED BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Spec						white		
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)			vork done during me e retired.)	ON ast of working	16b, Ki	ND OF BUSINESS		
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Machi	nist	16. MOTHER'S	NAME (First, Mick	Maryla		ass
ш	John M. Eckman				Jean	nette M	urphy		
TO B	190. INFORMANT'S NAME (Type/Print) Jeanne G. Eckman	1		S. Roll					7
	20a. METHOD OF DISPOSITION 1 Grant Surface Sur	oval from Stata	PLACE OF DISPOS other place) oudon Pa	SITION (Name of ce	metery, cremetory o		20c. LOCATION Balti	- City or To	own, State
	IL SIGNATURE OF SUNERAL SERVICE LIC		oudon ra	22. NAME A	ND ADDRESS OF		neral H		Ma.
	23. PART I. Enter the diveades, de-	//		5695	Main S	treet.	Elkride	e. Md.	21227
CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF	F):	lay	Date	cani	al_	Onset and Death
MEDICAL	PART II. Other algnificant condition 1) As beatosis 2) CASHD					200	4a. WAS AN AUTON PERFORMED?		D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL:	etient 3 000	26. P OTHER: 4 \(\text{Nursing Hor} \)	LACE OF DEATH		Panadia		
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT DAK?		RIBE NOW INJURY	OCCURED	
TED BY	Accident investigation Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	At home, ferm, s			28f. LOCATI City or	ION (Street and Nu Town, State)	mber or Rural	Route Number,
COMPLET	(Griden Grid)	CIAN: To the best of my know							s) and manner as stated.
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIES	A MD	~	Coal	JIME LUCENSE I	NUMBER	29d.	DATE SIGNE	(Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO	pe fall	300 CA	Print)	re.	Balto	24	21	229
	JAN 1 6 '90	32. REGISTRAR'S SIGN	ATURE avidson-Man	ndett					

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A L. B. L. WILLIE FORM, JALON, J. L. L.

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s after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa	
Hygiene pri	r other to	
Mental	Injury, a	
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- STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.		
1. DEGEDENT'S NAME (First, Middle, Last)					2. DATE OF D	DEATH	YEAR	3. TIME OF DEATH
William T	. Ezell				Jan.		1990	5:00 A
857	6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Dep	6,1948	Count	IPLACE (State or Foreign ry) 1abama
9a. FACILITY NAME (If not institution, give street	et and number)	1	Db. CITY, TOWN (OR LOCATION OF DE			OUNTY OF D	
5714 Deer Park R	oad		Reis	terstown			Balti	more
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
Maryland Ba	1timore	R	eisters	town				1 TES 2 NO
10e. STREET AND NUMBER			101	. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
5714 Deer Park R	oad			211	36			USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 V NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 X NO Specifi	n, Puerto Ricen		14. RAC Blac Spec	
15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S U	BUAL COCHBATH	SM.	401 1/101	D OF BUSINESS/		White
(Specify only highest grade or	mpleted)	(Give kind of wo	rk done during mo	et of working	16b. KIN	D OF BUSINESS/	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)							
17. FATHER'S NAME (First, Middle, Last)	4 years	Lightin	g Desig	16. MOTHER'S NA	ME (Films Middel)			
, , , , , , , , , , , , , , , , , , , ,	o11						7	
James N. Ez 19s. INFORMANT'S NAME (Type/Print)	ETT	405 4444 445	DDBESS (D	regg	y T. T	The second secon	7-0	
			Circle			,		26527
James N. Ezell					sn for	t, Alaba		36527
20e. METHOD OF DISPOSITION 1	al from Stata	other place) Carro	11 Crem	ation		Hamps		
21. SIGNATURE OF FUNERAL SERVICE LICE	ISEE .			O ADDRESS OF FA				
ams 6	line		Eli	ne Funer	al Hom	e Rei	sters	town, Md.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):	4					
PART II. Other significant conditions		out not reaulting in	the underlyin	g causa given in	Part I. 24s	a. WAS AN AUTOPS PERFORMED?	SY 241	b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO
HIV positive	01000				1(TES 2 NO		OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)			
	I Inpatient 2 ER/Out		OTHER: United the state of the	e 5 🗆 Rasidence	€ ☐ Other (Sp	pecify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT	28d. DEŞCRI	BE HOW INJURY	OCCURED	
1 Natural 6 Pending 2 Accident Investigation	(YES 2 NO				
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe-	/ — At home, farm, str	reet, tactory, offic	•	281. LOCATIO City or To	N (Street and Num own, State)	ber or Rural	Route Number,
cond.	AN: To the best of my know On the basis of axaminatio							s) and manner as state
29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU				D (Month, Day, Year)
Kemeth /	reite MA	_		D360		>	1/3	70/90
30. NAME AND ADDRESS OF PERSON WHO KENNETH. T.	A	, , , , , , , ,	,	10/fe 57	. Ra	Himaco	. MO	21205
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		100 5	. 1/5		-41)	-,-03
JAN 31'90	Selia N	widson-Rand	.00					
57 7 3 0 0	0_	1-10-10-				-		DHMH-16 R

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with jours after death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach as the found and page 10 should be detach to the state of the found to the state of the found to the state of the found to the state of the found to the state of the found to the state of the found to the state of the	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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death	fune	dical examiner must be not
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JR AT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face authority and completely filled in by the face authority and formally hope and completely filled in by the face of Health and Mental Hopeine prior to build cremation, or removal	em ?
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PHYSICIAN: MEDICAL CERTIFICATION

BY

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BE COMPLETED BY FUNERAL DIRECTOR

2

•			90	03383
	PARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) ALICE BERTIA ET	WELS	2. DATE OF DEATH MONTH DAY	1990 S	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birth $0.55-12-9893$ 1 \square M 2 \blacksquare F 9 7 YI	(dsy) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 1-7-189	3 Englo	NCE (State or Foreign
Springfield Hospital Center	Sykesville	EATN	Carrol	1.77
.4 . ()] [() [genmantown			d. INSIDE CITY LIMITS? YES 2 \[\] NO
Maryland << Home of Rest>>	101. ZIP CODE 20767		Nortural	1300
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPAI If yes, specify Cuben, Maxice 1 YES 2 NO Specifi	n, Puerto Ricen, etc.)	Black, W	American Indian, hite, etc. White
(Specify only highest grade completed) (Give kin life. Do N	INT'S USUAL OCCUPATION and of work done during most of working (OT use retired.)	16b. KIND OF BUSH	NESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) John Cobb	18. MOTNER'S NA Emit	ME (First, Middle, Meiden S y Brine	urneme)	
190. INFORMANT'S NAME (Type/Print) HOSpital Records	ILINO ADDRESS (Street and Number or Aural YKeSVille, Hd. 2	Poute Number, City or Town,	State, Zip Code)	
1 Buriel 2 X Cremation 3 Removal from State other place)	SPOSITION (Name of cometery, cremetory or 1 Cremation Service		ation — city or Town, ostead. MI	
Drian A. Haight	22. NAME AND ADDRESS OF FA HAIGHT FUNI Sykesville. 1	ERAL HOME	(P.O. B	ox 195)
23. PART I. Enter the disease, or complications that caused the death. shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Shouch o pro-	Do not enter the mode of dying, aud			Approximete Interval Between Onset and Death
DUE TO (OR AS A CONSEQUEN	CE OF):	0		

Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	DUE TO (OR AS A CONSEQUENCE OF):) isease		years
Primary De	egene	itributing to death but not resulting in the underlying cause given in Part I. Jative Dementia senile on set (Alzheimer's type)	24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	AWAJ COM OF E	RE AUTOPSY FINDINGS JLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDIC	CAL	28. PLACE OF DEATN (Check only	one)		-

1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — A1 home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide e Could not be determined 4 🗌 Homicide

1 CERTIFYINO PNYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as ateted. 29d. DATE SIGNED (Month, Day, Year)

29b. SIONATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER
- Suha Ozgun. H.D.	21248

COMPLETED CAUSE OF DEATH (ITEM 27 TYPE, PTIM)

H.D. Springfield Hosp. Center Sykesvifle, HD. 21784

132. REGISTRAR'S MANUALEM - HONDER Suha

31. DATE FILEO (Month, Day, Year)

▶01-24-1990

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WITHIN 72 hours after death with the state Dept. Of health and mental hygiene prior to build, cremation, or removal	ITANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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9 ,	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CERTIFIC	CATE OF	DEATH	2. DATE OF DEATH MONTH	DAY	90	3. TIME OF DEATH
		yrs, last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH	.902	8. BIRTHP	LACE (State or Foreign
OR	Se. FACILITY NAME (If not Institution, give alreet and number) Westminster Nursing & Conv. C	1110.		n LOCATION OF DE		9c. COU	NTY OF DE	
DIRECTOR	Md. Carroll		TOWN OR LOCAT		stminste	2	T	INSIDE CITY LIMITS? I YES 2 NO
FUNERAL	100. STREET AND NUMBER 2059 Don Ave.		101.	ZIP CODE 211	57	10g. CIT	U.S.	A .
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Midowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAY			city Cuban, Mexica	IIC ORIGIN? (Specify n, Puerto Ricen, etc.)	Yes or No-		American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Clerical and Teacher Western Elec							ric
BE CON	17. FATHER'S NAME (First, Middle, Last) Lorenzo Leighter	1		16. MOTHER'S NA Ida	ME (First, Middle, Male Bussard	len Sumame)		
2	19a INFORMANT'S NAME (Type/Print) H. Michael Firor	196. MAILING A 2059	Don Ave	., Westn	Goute Number, City or inster, l	fown, State, Zi	(p Code) .157	-
		PLACE OF DISPOSI Oruld Rid				LOCATION – Lkesvi		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A. J. Zobladt	and the second s	Eckh		eral Chaj		ings	21117 Mills, Md.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CALISE (Disease or Injury.	CONSEQUENCE OF	ĸ					Onset and Death
EDICAL	PART II. Other aignificant conditions contributing to deeth be OSTED POROSIS, CONGESTIVE HEAR CARDIAC DYSRH	OSTE	LURE	HRITIS -PRIL	PERI 1 PER	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
≤	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	-	QTHER:	ACE OF DEATH (C)	s Cother (Specify)			
SIC	1 YES 2 NO 1 Inpetient 2 ER/Outp		280 IN I	URY AT	28d. DESCRIBE HO	W INJURY O	CCURED	
	27. MANNER OF DEATH 1 Natural 5 Pending (Morith, Day, Vear) Accident Investigation	28b. TIME	IRY WO	RK? (ES 2 NO				
B≺	27. MANNER OF DEATH 1 Natural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)	— At home, farm, st	M 1 .	RK? /ES 2 NO	261. LOCATION (Str. City or Town, St		er or Rural R	oute Number,
OMPLETED BY PHYSICIAN: M	27. MANYER OF DEATH 27. MANYER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 27. Accident Investigation 3 Suicide 6 Could not be building, etc. (Spec	— At home, farm, st	M 1 WC	RK? /ES 2 NO	City or Town, Si	ate) manner aa st	ated.	
	27. MANYER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 6 Could not be determined 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the Control	At home, farm, si	M 1 WC 1 Greet, factory, officed at the Ifme, date 1, in my opinion, d	RK? /ES 2 NO	City or Town, Si	manner as st , and due to 29d. DA	ated. The cause(a)	

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ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	al, cremat	23 shows any injury or other traumatic event, the medical examiner must be notified at once
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	1 - STATE REGISTRAR	STATE OF MA					DEAT			HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Marga	ret B. 1						2. DATE OF	DEATH			3. TIME OF DEATN
	Margaret B.	Flea							Janua	ry 26	, 19	990	1:30 P
	20 M 20 C 1 1 1 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C		8. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, D	lay, Year)		8. BIRTHE Country	PLACE (State or Foreign
	213-44-1000	□ M 2 💢 F	84	YRS.						9, 19		Mary	
œ	9a. FACILITY NAME (If not institution, give atreet	1				R LOCATIO	ON OF DE	EATN			NTY OF DE		
2	Dorchester General	11		Can	bri	ige		-		Doi	rches	ter	
RE	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY LIMITS?
٥	Maryland Dorch	ester		H	lur1c								1 XX YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT		HAT COUNTRY?
NE.	205 N. Main Street	. WAS DECEDENT	EVED IN ILC ADM	450	10	WA 0 000	2164		NIC ORIGIN? (USA	
교	1 Never Married 2 Married	FORCES? 1 [YES 2 XN	0	100	If yes, sp	ecify Cuba	n, Mexica	in, Puarto Rici		or No —	Black,	- American Indian, White, etc.
B⊀	3X Widowed 4 Divorced	IF TES, GIVE WA	N ON DATES			I U YES	ZXXNO	Specin	у:			Specify	White
9	15. DECEDENT'S EDUCATION (Specify only highest grade con		16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON st of workin	ng	16b. Ki	ND OF BUSI	NESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	college (1-4 or 5+)											
COMPLET	17. FATNER'S NAME (First, Middle, Last)	4	l no	mema	ker	_	10 MOTE	HED'C NA	ME (First, Mid	dia Maidaa C	and the same of		
ö	Clifford S. Bidding	oton							ne Smi		urriemej		
H	19a. INFORMANT'S NAME (Type/Print)	5011	19b.	MAILING	ADDRESS	S (Street a		-	Route Number,		, State, Zij	p Code)	-
2	Margaret Bradley			P. C	. Bo	x 20	x 204, Hurlock, MD 21643						
	20s. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) 20c. LOCATION — City or Town, State												
	4 Donation 5 Quiter (Specify) Unity Washington Cemetery Hurlock, MD												
	22. NAME AND ADDRESS OF FACE Zeller Funeral												
	To chauce	1 gl	Rec						et, MD				
	23 PARTY. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory screet, shock, or heart fellure. Liet only one cause on sech line. Cardiac arrest Approximate interval Betw									Approximate interval Between			
	IMMÉDIATE CAUSE (Final disease or condition	10	1-								Onset and Death		
	resulting in death)	Vardi	1000	211	C57								monte
	_	Man	opper	gast	ro-1	ntes	tina	T PI	leedin	glisa			days
RTIFICATION	Sequentially list conditions, if any, leading to immediate	PUE 10 (€	OR USA CONSEO OH AS A CONSEO CASTRIL	UENCE A	F):	nant	10 11	1002	2	or pro	/		ways
S	cause. Enter UNDERLYING CAUSE (Disease or injury	Gan	6177	72 :	7 -	Pept	27	25	Clo	CEI		7	
E	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE O	F):								
CER	_ d_												
	PART II. Other significent conditions of									ta. WAS AN /		24b.	WERE AUTOPSY FINDINGS
EDICAL	Lidinge Abd	min	ala	spi	Se.	34	cu	VY:	Sm 1	☐ YES 2	X160		COMPLETION OF CAUSE OF DEATH?
ME	Large abdominal	aortic	aneurys	m					_ '				1 YES 2 NO
ä				10									
ICI		OSPITAL:			OTHE	R:			heck only one)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) M 1 YES 2 NO									LIURY OC	CHRED			
							001120						
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At hor	ne, farm,	street, fac	tory, offic	a			ION (Street all Town, State)	nd Numbe	or or Rural A	oute Number,
ш	4 Nomicide determined	- anang, e	(Ab404)						Ony or	sterd)			
COMPLET	29e. CERTIFIER Check only	N: To the best of r	ny knowledge, der	ith occurr	ed at the	time, date	and place	, end du	e to the cause	(a) and man	ner sa sta	sted.	
ON	one) 2 MEDICAL EXAMINER: (On the basis of ex	amination end/or is	nveatigatio	on, In my	opinion, d	leath occu	red at the	e time, date ar	nd place, and	d dua to t	the cause(s)	and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Lewis	M. Burd	ette	, М.	D.	1	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
0	30 NAME AND ADDRESS OF DEDSON WHO	OMPLETED CAUSI	MO DEATH OF	970 (%-	Delet)	cl	000	00		2/	1	1/21	170

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LUMO COMPLETED CAUSE OF DEATH (MEM R)

31. DATE FILED (MONTH) (Ser)

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	1 - STATE REGISTRAR	STATE OF MA	ARYLANO / DEPAI CERTIF		F HEALTH A		TAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					ATE OF DEATH	v v	3. TIME OF DEATH
	PEARL	Rose		SYTHE		Ja	nuary 2	3. 19	
	4. SOCIAL SECURITY NUMBER 232-42- 6846	5. SEX	AGE (In yrs. last birthday) 62 vrs.	IF UNDER 1 Y		Annu (M	NTE OF BIRTH North, Day, Year)		BIRTHPLACE (State or Foreign Country) Parsons, WV
Œ	9s. FACILITY NAME (If not institution, give				OWN OR LOCATION	OF DEATH			OF DEATH
15	Memorial Hospital & Medical Center Cumberland							Al	legany
DIRECTOR	WV a 106. COUN	rant	10c, Cl	ry, town on Bays					10d. INSIDE CITY LIMITS? 12 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
NA NA	rural				2670				Usa
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO R OR DATES	If y	B DECENDENT OF se, specify Cuben, YES 2 CNO	Maxican, Pue		or No.— 14	Black, Whits, etc. Specify: White
0	15. DECEDENT'S ED (Specify only highest gred		18e. DECEDENT'S	USUAL OCCI	JPATION na most of worldna		18b. KIND OF BUS	INESS/INDUS	TRY
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	file. Do NOT o	rse retired.) nemake				Home	
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHE	R'S NAME (Fi	rst, Middle, Maiden	Sumame)	
BE	Bedford A.	Shaffer					DeMoss		
10	190. INFORMANT'S NAME (Type/Print) Donald Johnso	n	Po.		treet and Number of		estown		25444
	20a: METHOD OF DISPOSITION 1 Durial 2 Cremetion 3 Re	movel from State	20b. PLACE OF DISPO	SITION (Name					y or Town, State
	4 Donation 5 Other (Specify)		Davis (emete				vis,	WV.
	21, SIGNATURE OF FUNERAL SERVICE I	L. Hons	xlo		hkie i ox 186				260
CERTIFICATION	shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (C	OR AS A CONSEQUENCE (OF): OF):	ereby	D	nifi	<u></u>	Interval Between Onset and Death
MEDICAL	PART II. Other significent condition	one contributing to d	leeth but not resulting	In the unde	rlying cause giv	ven in Part	24e. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN .	OF HAR CASE REFERENCE WE INCOME.	1				711 401			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/O-1-17 To D To To	OTHER:	26. PLACE OF OE				
14S	27. MANNER OF DEATH	1 L Inpatient 2 L	ER/Outpatient 3 DOA NJURY 26b. Ti	_	g Home 5 Resi		Other (Specify) DESCRIBE HOW I	NILIBY OCCU	PED.
BY P	1 Netural 8 Pending	(Month, Day		JURY	WORK?	1 17 70	DEGOTION !		TTRE D
E :	2 Accident investigation						LOCATION (Street of City or Town, State)		Rural Route Number,
COMPLET	(Ormon ormy		ny knowledge, death occur mination and/or investigat						cause(s) and manner as stated.
-	29b. SIGNATURE AND TITLE OF CERTIF	IER			29c, LICEN	SE NUMBER		29d. DATE	SIGNED (Month, Day, Year)
O BE	augusto 17	-			D143			1/6	26/90
10	30. NAME AND ADDRESS OF PERSON V		Hospital N				ımberlan	d. MD	21502
	31. DATE BLED (Month, Day, Year) FEB 8 1990	32. REGISTRAR	'S SIGNATURE	arm Lea.			ANIVE L LOT	4 110	E & J V &

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TO BE COMPLETED BY FUNERAL DIRECTOR

10 THE HUSPITAL OF ALLENDING PHYSICIAN: The law requires that the beath celumeate be executed white the control and the property of the property of a tentum of a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the t be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HUSPILAL DR ALLENDING PHYSICIAN: The law re	TO THE FUNERAL DIRECTOR: After this certificate has bee be filed within 72 hours after death with the State Dept. o	IMPORTANT: If item 28 is marked, or item 23 sh

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAR CERTIF					MENTAL	REG. NO.	E		
1. DECEDENT'S NAME (First,	, Middle, Last)	:	_	<u>January</u>	10/11		DEAT			OF DEATH			3. TIME OF DEATH
MARJORIE	ANN	-MARIE	FRANC1	S					MONTH 01	2		90	8:12 pm M
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER		IF UNDER 2		7. DATE C	OF BIRTH		8. BIRTH	PLACE (State or Foreign
Unavailable	:	1 🗌 M 2 💢 F	26	YRS.	MONTHS	DAYS	HOURE	MIN.	01-	Day, Year) 15-196	4	Countr E1	ngland
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	r, TOWN O	R LOCATIO	N OF DE	ATH		9c. COU	NTY OF D	<u> </u>
THE JOHNS	HOPKIN	S HOSPIT	AT.		l _{RA}	T.TTM	ORE C	TTY			RΔ	LTIM	OPF
RESIDENCE OF DEC	CEDENT							1111			L DA	LILIN	
10a, STATE	10b. COUNTY			124		OR LOCATI	ION						10d. INSIDE CITY LIMITS?
Maryland		e George	'S	La	nham								1 XYES 2 NO
10e. STREET AND NUMBER		Dest					ZIP CODE						WHAT COUNTRY?
9302 Rolling	g view						0706					S.A.	
11. MARITAL STATUS XX Never Merried 2 3 Widowed 4 Divo	959400	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2 4NO		If yes, spe	ENDENT OF city Cuban, 2 X NO	, Mexica	n, Puerto R	? (Specify Yes licen, etc.)	or No	Biaci	- American Indian, k, Whita, atc. by: Black
	EDENT'S EDU		.16	Se. DECEDENT'S	USUAL O	CCUPATIO	N at of working		16b.	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (College (1-4 or 5	+)	life. Do NOT u	se retired.)		n or worning						
12th			-	Clerk	Typ:	ist			7	/ariou	s Co	mpan:	ies
17. FATHER'S NAME (First, M									- 1	fiddle, Melden	Surname)		
Benjamin Fra										anning			
19a, INFORMANT'S NAME (1				A						er, City or Town			
Patricia Mar			P						, Was	shingt			
20a, METHOD OF DISPOSIT 1 \(\text{LL} \) Burial 2 \(\square\) Cromatic	TON on 3 🗆 Ram	oval from Stata	O	LACE OF DISPO				story or				- City or To	
4 Donation 5 D Other	-		Et.	Linco						Bre	ntwo	od, 1	laryland
21, SIGNATURE OF FUNERA	genvice u	1/3 L	Pres	~	F	RANC		SCH	'S SC	NS FU			
23. PART I. Enter the d													Approximata
immediate cause (Fi		List only one ca	use on each	h line.									Interval Between Onset and Death
disease or condition	-	Seoi	15										12hr
resulting in death)		DUE TO	(OR AS A C	ONSEQUENCE C	OF):								10111
			e Cell	Anemi									20 yrs
Sequentielly list condit If eny, leeding to imme		DUE TO	(OR AS A C	ONSEQUENCE C									
cause. Enter UNDERLY	ING	· Syst	une ly	DISEQUENCE TO	thema	1600							> y 15
CAUSE (Disease or injuthat initiated events		DUE TO	(OR AS A C	DNSEQUENCE C	PF):								,
reaulting in death) LAS	ST	d											
PART II. Other algorifica	ant condition	ne contribution to	donth her	not regulater	In the co	nderbier		Iven in	Part I	24s. WAS AN	Allman	, 1 200	. WERE AUTOPSY FINDINGS
PART II. Other algillino	ant condition	is contributing to	death but	not resulting	III the u	nuerryniş	J cause y	IAGII III	rent i.	PERFOR		246	AMAILABLE PRIOR TO COMPLETION OF CAUSE
		· · · · · · · · · · · · · · · · · · ·							-	1 TYES 2	□ NO		OF DEATH?
									_				1 TYES 2 NO
		1											
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		ACE OF DE	ATH (Ch	eck only on	re)			
1 TYES 2 THO		1 Thpatient 2		_	4 🗆 Nu	rsing Hom	e 5 🗆 Res	eldence					
27. MANNER OF DEATH	Pending	28a. DATE O (Month,	Pay, Year)	28b. Til	WE OF JURY		RK?	1	26d. DES	CRIBE HOW I	NJURY O	CCURED	
2 Accident	Investigation	20 57 105	Out the Wilmed				res 2	NO				-	
3 Suicide	Could not be detarmined	building	, etc. (Specify	At home, farm,	street, tac	ctory, offic	•		City	ATION (Street or Town, State)	and Numb	er or Hurel	Houle Number,
(Crieck drilly		ER: On the best of											a) and manner as stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIE	EN J					29c. LICE	NSE NU	MBER		29d. DA	TE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS C	OF PERSON WI	11.04	SE OF DEAT	An .	5	10						1 1	
1000 H 50 (1000) 1	white (V)	TO)(172)	AR'S SIGNAT	WW III	0 6	120	2	_					
JAN 2 9 9)***	Julia Davi	dson-R	indell									

BALTIMORE, MARYLAN	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 😕 hours after death. Page 6 may be retained by the h	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	G PH	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the win 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
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REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CATE OF I	DEATH	REG. NO.			E OF DEATH	
					MONTH D/		EAR	E OF DEATH	
Robert Willia		(In yrs. last birthday)			JANUARY 1			30 A	М
573 50 5692	1 X M 2 F 5	in the	ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE Country)		
9a. FACILITY NAME (If not institution, give st			b. CITY. TOWN OR	LOCATION OF DE	9-9-1938		OF DEATH	11S M1	SSC
AMI DOCTORS' HOSP				- SEABRO			E GEOR	GE'S	
	George's		Dale	DN			U	ISIDE CITY IMITS? (ES 2 NO	
104. STREET AND NUMBER				ZIP CODE		10g. CITIZEI	N OF WHAT CO	OUNTRY?	
P.O. Box 129				0769			d Stat		
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, spec	offy Cuban, Mexican	IC ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No- 14	RACE — Ame Black, White	erican Indian, , etc.	
3 Widowed 4 Divorced	Yes, give war or i	DATES	NO YES 2	2 NO Specify			Specify:		
15. DECEDENT'S EDUC		16a. DECEDENT'S U		и.	16b, KIND OF BU	INECO/INDUIC	White		_
(Specify only highest grade	completed)	(Give kind of wor	rk done during most	of working	TOUR MIND OF BOX				
Elementary/Secondary (0-12)	College (1-4 or 5 +)				1 -				
17. FATHER'S NAME (First, Middle, Lest)		Sales	Ī	10 MOTHERS III	Insu AE (First, Middle, Maiden		Agency	7	_
Alfred William Fl	eer	7	0000000000		y William			_	_
The second secon		19b. MAILING A	DURESS (Street and	a Number or Rurel R	loute Number, City or Tow	n, State, Zip Co	(OG)		
Cecilia Fleer					e Marylan				_
20axMETHOD OF DISPOSITION 1 DxBurial 2 D Cremation 3 D Rame	oval from Stale	other place)	TION (Name of come	etery, crematory or	20c. LO	CATION — CIT	y or Town, Sta	te	
4 Donation 5 Other (Specify)		Maryland I	leterans	Cemeter	y Che	ltenha	m Mary	land_	
21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND						
			D 7						
23 PART I Enter the diseases or	Evan.		1600	1-Evans 0 Annapo	Funeral H	owie M	arvlan		_
23. PART I. Enter the disease, or condition resulting in death)	complications that cause List only one cause on	the deeth. Do no aach lina.	t antar the mod	1-Evans 0 Annapo le of dying, auch	Funeral Helis Rd. Bo	owie M	arylan	Approximate nterval Betwonset and D	reen
/shock, or heart failure.	Emplications that cause Liet only one cause on A CUTE A DUE TO (OR AS	the deeth. Do no aach iina. NTERIOR A CONSEQUENCE OF:	1600st antar the mod	1-Evans 0 Annapo le of dying, such	Funeral Holis Rd. Botas cardiac or reap	owie M	arylan	Approximate nterval Betw	reen
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Lulia Tavidson-Randall

DHMH-18 Flev 1/89

BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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HOS	FUNE	with	TAN
崖	THE	filed	POR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be minimed by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, programment	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neutified at egate.

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H		MENTAL HYGIEN	_	
= }	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	AY YE	3. TIME OF DEATH
	CECELIA	FEELEY				Jan. 18		
	4. SOCIAL SECURITY NUMBER					7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
		1 □ M 2 L x ^F 64	YRS.	117-2-2	HOURS MIN.	Dec. 29,	1925 P	
~	9a. FACILITY NAME (If not institution, give stre	set and number)		9b. CITY, TOWN O	R LOCATION OF DI	EATH	9c. COUNTY	OF DEATH
5	Leland Memorial F	lospital		RIVER	DALE Ma	ryland	Princ	e George's
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			10d, INSIDE CITY LIMITS?
		George's	Hy	attsvill				1X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Ē	5006 37th Ave.				20782			d States
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2				NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	n or No 14,	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	No		2 NO Specif	y:		Specify:
9	15. OECEDENT'S EDUC	ATION 140 D		USUAL OCCUPATION	NA	NO 16b. KIND OF BU	CINITED (INITIAL)	White
E	(Specify only highest grade of	completed) (C	Sive kind of a	work done during mo	st of working	100. KIND OF BU	SINESS/INDUS	HY
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	741-	Dwaassass	-	17 - 1 - 1		
DIMPLET	17, FATHER'S NAME (First, Middle, Last)		TIIII .	Processo		Kodal ME (First, Middle, Maiden		
0	Thomas William	2.5					Gurnemey	
器	19a. INFORMANT'S NAME (Type/Print)		DE MAILING	ADDRESS (Street o	Anna T	OME Route Number, City or Tow	un State 7in Cou	401
5	Daniel Feelev							
	20a, METHOO OF DISPOSITION	20b. PLACE		SITION (Name of cen		ville Mary	ZATION — City	
	1 Buriel 2 Cremation 3 Remo	val from Stata other p	olace)	Veterans		1000		
	21. SIGNATURE OF FUNERAL SERVICE LICE		Lanu		ND ADDRESS OF FA		OWIISVI	lle Maryland
- 3	* Kaluta	Evans				Funeral Ho		
			PN	1000		lis Rd. Bo		
	23. PART i Entar the disesses, or co ahock, or heart failure. L	omplications that caused tha d list only ona cause on each lin		not antar tha mo	da of dying, suc	ch as cardiac or resp	iratory screet	, Approximate interval Between
	IMMEDIATE CAUSE (Final			0		4 +		Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A CONSE	pul	mona	NY	Arrest		
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NO	Sequentially list conditions,	maly	raul	Ue	una	UCEN 178	1 lugo	nes
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO OH AS A CONSE	OUENCE O	Mila	andin	0 1110	moti	
SI-	CAUSE (Disease or Injury	DUE TO (OR AS A CONSE	e contence o	50	Carcin	y my	en cu	r
E	that initiated events resulting in death) LAST	DOE TO (OT AS A CONSE	LOOENCE O	·,.		4		
E	d							
	PART II. Other aignificent conditions	contributing to death but not	resulting	in the underlyin	g cause given in			24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	hyboxic	Encephalo	ball	14 (à) Aspore	TUN 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	modermonia	(3) auit	0 20	eswal	my de	ilus	1200	OF DEATH?
2				1	1			
A	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C)	neck only one)		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)		
HY	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIM	NE OF 28c. INJ	URY AT	28d. OESCRIBE HOW	INJURY OCCUR	ED
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	IN.	M 1 🗆	YES 2 NO			
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At h building, etc. (Specify)	iome, farm,	street, factory, offic	a	281. LOCATION (Street		Rural Route Number,
Ш	4 Homicide detarmined	bunding, area (Specify)				City or Town, State)	
						to the cause(s) and mo	Door on stated	
LEI	29a. CERTIFIER 1 DE CERTIFYING PHYSIC	HAN: To the best of my knowledge of	leath non-		and place, and due			
MPLET	(Check only	CIAN: To the best of my knowledge, d R: On the basis of examination and/or						ause(s) and menner as stated.
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	R: On the basis of examination and/or			leath occured at the	time, data and place, a	nd due to the c	
BE COMPLET	(Check only	R: On the basis of examination and/or				time, data and place, a	nd due to the c	IGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

K. RUS 7AG / MD)

32. REGISTRAR'S SIGNATURE

a Davidson-Randall

MD

30. NAME AND ADDRESS OF PERSON
RAVINDER
31. DATE FILEO (Month, Day, Year)
JAN 23 '90

-01203-3146

BALTIMORE, MAR

TO THE HOSPITO TO THE FUNER be filed within IMPORTANT:

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PITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within an yours after death. Page 6 m	ERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director,	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	T. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

í	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NENTAL HYGIEN	_				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	RUTH E.	EOWL FR				JANUARY 1	-	11:00AM M			
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	579 46 0112		84 YRS.	THE DAYS	HOURS MIN.	Feb. 18,	1905 I	Pa.			
~	Sa. FACILITY NAME (If not institution, give st	reet and number)	96	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
CTO	PRINCE GEORGE'S HO			CHEVERL			PRINCE	E GEORGE'S			
DIRECTOR	Maryland Princ	e George's	Bow 2	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	10a. STREET AND NUMBER			11.12	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
剪	4022 Wharton Turn				0715			ed States			
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO			C ORIGIN? (Specify Yes, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.			
8	3 XWidowed 4 Divorced	IF YES, GIVE WAR OR DA	NO NO	1 TYES	2 NO Specify.	NO		Specify. White			
	15. DECEDENT'S EDUC	CATION	16s. DECEDENT'S USU	IAL OCCUPATIO	N	16b, KIND OF BU					
ETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mo: tired.)	st of working						
Ē	12		Homema	aker		Own H	ome				
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	NE (First, Middle, Malden	Sumame)				
題	Henry C. Graham				01ga L	ouise Lar	sen				
5	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Tox					
-	Deanna Benitez					ie Maryla					
	20s. METHOD OF DISPOSITION 1 String Burlal 2 Cremetion 3 Removed	ovel from State	other place)					or Town, State			
	4 Donation 5 Other (Specify)		ort Lincol		D ADDRESS OF FAC		ntwood	Maryland			
	- 1					ans Funera	1 Home	, P.A.			
		Evan						Maryland 2071			
	23. PART I Enter the diseases, or cahock, or heart failure.	complications that caused List only one cause on e	d the death. Do not ech line.	enter the mo	de of dying, auch	a cardiac or resp	iratory arrest	Approximata interval Between			
	IMMEDIATE CAUSE (Final disease or condition	A 1	P 1		/ A			Onset and Death			
	resulting in death)	. acute	CONSEQUENCE OF	مس	Deart	Forling		Iweek			
		CA ON TO TO TO THE	CONSECRETACE OF		R	7		20 Hones			
CERTIFICATION	Sequentially list conditions,	If any, leeding to immediate									
CAT	cause. Enter UNDERLYING	CAUSE (Disease or injury									
Ē	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
ERI	reaulting in death) LAST	d									
AL C	PART ii. Other aignificant condition	na contributing to death b	out not resulting in t	he underlying	ceuse given in			24b. WERE AUTOPSY FINDINGS			
	PE C LAST LAST C						RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE			
							1 U YES 2 NO OF DEATH				
2											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ck only one)		1			
SIC	1 VES 2 NO	HOSPITAL:		THER: Nursing Hom	e 5 🗆 Residenca	6 Other (Specify)					
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT	26d. DESCRIBE HOW	INJURY OCCUP	RED			
BY	1 Natural 5 Pending Investigation			M 1 🗆 1	ES 2 NO						
ED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Smet and Number or Rural Route Number, City or Town, State)										
J.C	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
COMPLET	000	IR: On the basis of examination	n and/or investigation, i	n my opinion, d	eath occured at the	time, data and place, a	nd due to the c	sause(s) and manner as stated.			
29c. LICENSE NUMBER							29d. DATE S	IGNEO (Month, Day, Year)			
20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Fuge. Print)								14190			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CABRIER DAFFE, MD 7500 Harrow Placy Georbeld 400											
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE				ć	סרד נו			

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 3. TIME OF DEATH YEAR 90 15 8. BIRTHPLACE (State or Foreign 50K90 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cyben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 16b. KIND OF BUSINESS/INDUSTRY 207.44 WASH 20c. LOCATION - City or SOMERV GREENE FUNERAL HOME, INC. 814 FRANKLIN STREET ALEXANDRIA, VIRGINIA 22317 mode of dying, such as cardiac or respiratory arrest. Approximate Interval Between Onset end Death 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29d, DATE SIGNED (Month, Day Year, an 20 785 ANDOVER 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE ulia Davidson-Randall 23 '90

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BALTIMORE, MARYLAND 21203-3146

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\infty\$ hours after death. Page 6 may be retained by the inspiration and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

i	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
	Naomi	М.	Far	rall				January	Î9, 19	990	8:00 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	aw.	F UNDER 1 YEAR		24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	579-44-1840	1 M 2 F	85	YRS.				9-6-1904		Ma	ryland
~	9a. FACILITY NAME (If not institution, give str	eet end number)		9	b. CITY, TOWN		ON OF DE	ATN	9c. COUN		
10	Rt. 1, Box 123-H				Nan	jemoy				Char	les
EC	10e. STATE 10b. COUNTY			10c. CITY, 1	TOWN OR LOC	ATION					tod, INSIDE CITY
뜸	Maryland Pr	ince Geo	roes		Temple	H:11	S				LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER		. 800			101. ZIP COOE			10g. CITIZ	EN OF W	/HAT COUNTRY?
E	3085 Brinkley Rd	•				2	0748			US	A
5	11. MARITAL STATUS	12. WAS DECEDED	TEVER IN U.S. AR	MEO				IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No—	14. RACE	American Indian,
ВУ	1 X Never Married 2 Merried 3 Wildowed 4 Olvorced		MAR OR DATES			ES 2 NO				Speci	fy:
							White				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Size filled of work done during most of working life. Do NOT use retired.) 16. KIND OF BUSINESS/INDUSTRY (Give filled of work done during most of working life. Do NOT use retired.)											
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Last) Albert I. Farrall 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Clerk Federal Government 16. MOTHER'S NAME (First, Middle, Maiden Surname) Mary F. Carroll						ment					
NO.	17. FATHER'S NAME (First, Middle, Last)					16. MOTH		ME (First, Middle, Maider			
BE C	Albert L.	Farrall					Mar	y E. Carro	11		
TO B	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING AT	DORESS (Street	t and Number	or Rural I	Route Number, City or Tox	vn, State, Zip	Code)	
-	Mary Hancock			Rt. 1	. Box	123-H	. Na	niemov. Ma			
	20a, METNOD OF DISPOSITION 1 ABurial 2 Cremation 3 Remo	rval from State	20b. PLACE	OF DISPOSIT	ION (Name of	i on a 1	Com	etery 20c. Lo	OCATION — C	ity or To	wn, State
	4 Donation 6 Other (Specify)	ENGER /	Was	ningt		ANO ADDRES			Suit	lan	d, Md.
	The state of the s	000	,)					las Funera	al Hom	ne.	
	Here go	1 ala	\mathcal{U}_{-}		616	0.0x0	n Hi	11 Rd. Oxo	on_Hil	1. 1	Md. 20745
	23. PART I. Enter the diseases, or can shock, or heart failure. L	omplications the	et caused the de use on each line	ath. Do not	anter the r	node of dyi	ng, auc	h as cardiac or resp	iratory arre	oat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	m	0.0+	KP	10	Can	aner o	9			Onset and Death
	resulting in death)	0/20	OF AS A CONSE	70 W	da	EN	le	-			112 years
_	_	DOE 10	(On AS A CONSE	SUENCE OF J.							
CERTIFICATION	Sequentially list conditions,	If any, leading to immediate									
CA	CAUSE (Disease or injury								_		
F	that initiated events resulting in dasth) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF):							
5	d										
7										WERE AUTOPSY FINDINGS	
SC								1 YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL											1 TES 2 DATO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
YSI	1 - YES 2 -40	1 □ Inpatient 2 □ ER/Outpatient 3 □ DOA 4 □ Nursing Home 5 ☑ Residence 8 □ Other (Specify)									
PH	27. MANNER OF DEATN 1 Natural 5 Pending	28b. TIME OF 28c. INJURY AT WORK?			28d. DESCRIBE NOW INJURY OCCUREO						
BY	2 Accident Investigation	M 1 YES 2 NO									
ED	3 Suicide 6 Could not be 4 Nomicide determined	nome, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
4	Ma CERTIFIED										
29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. DEPLOY IN THE OF CENTIMEN 2015 DATE SEC. 129b. SIGNATURE AND TITLE OF CENTIMEN 2015 DATE SEC.									a) and manner as stated		
B	Arrena () K	XI.	0				203				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	MPLETED CAL	SE OF DEATH (ITE	M 27) (Type, B	zint)	10'	4				
	HAIRVET L. K.	4 72gr	MI		592G	w	YOU	Yard Ra		11	njan, Mil
	31. DATE FILED (Month, Day, Year) 32. REGISTBAR'S SIGNATURE Fully Davidson-Kandelle										

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	OR ,	DIRE	tem
1	M	AL C	1
	SPIT	NER.	Ë
	E.	2	TAN
	光	물을	20K
	10	0 d	M
	H	FA	

1. DECEDENT'S NAME (FIRST, MICHIGO, LIBST) MAY ISABEL FERRARI 2. DATE OF DEATH MONTH JAN 12 1990 7:41									3. TIME OF DEATH					
- 1	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In)		_	F UNDER 1 YE	AR I	IF UNDER 24 HRS,	7. DATE 0		. 17		IPLACE (State or Foreign
Ň,	578-54-3290	-A	1 M 2 KF				ONTHS DA	$\overline{}$	HOURS MIN.	(Month,	Day, Year) 1,191	3	Counti	York
	9e. FACILITY NAME (If not in	atitution, give st	treet and number)			9	b. CITY, TO	WN D	R LOCATION OF OR				INTY OF O	
DIRECTOR	Potomac Va		ursing H	lome			Rockv	11	le			Mont	gome	ry
Ä	10a. STATE	10b. COUNTY	1		10	Oc. CITY,	TOWN OR L	OCATI	IDN					10d. INSIDE CITY LIMITS?
	None	Non	e		1	Wash	ingto	n,	D.C.					1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER		C. N 11	,					ZIP CODE					WHAT COUNTRY?
Ä	4130 Lag	ation							0015				S.A.	
ΒY	11. MARITAL STATUS 1 X Never Merried 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE	YES	2 X NO	D	If yes	s, spe	ENDENT OF NISPAN city Cuben, Mexice 2 NO Specifi	n, Puerto R		or No—	Spec	E — American Indian, k, White, atc. hy: Lite
		EDENT'S EDU		10	(Give i	idnd of wo	SUAL OCCU			16b.	KINO OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5+) Administrative Officer II S State														
Tr. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Last)								e De	pt.					
Joseph L. Ferrari Madalena Solari														
196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 197. Same as #10														
	20a. METHOD OF DISPOSIT	TION		20b. P	PLACE OF	OISPOSIT			netery, crematory or		20c. LO	CATION -	- City or To	own, State
	1 X Buriel 2 Crematic		oval from State	_ St°.	• Mai	rv's	Ceme	te	rv		Wash			
	21. SIGNATURE OF FUNERA	L SERVICE LI	DISEE	201	1		22. NAN	E AN	O AOORESS OF FA	CILITY DO	eVol E	uner	al H	ome
	· am	0 8/	5/1	4			222	2	Wisc. av	e., l	N.W.,	Wash	. D	.C.20007
	23. But 1. Enter the d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart failura.	List only one ca	use on aac	ch line.							iratory s	rrest,	Approximate Interval Between Onset and Daath
TION	Sequentielly list condit	diete	a. BR OUE TO A L DUE TO	SHE O (DR AS A C	CONSEQUE	NOE OF):	RS	1	DEME	RT	TA			9 Years
MEDICAL CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	CONSEQUE	ONSEQUENCE OF):											
0	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
	PERFORMED? 1 YES 2 NO OF DEATH?								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF OFATH (Check only one)													
Sic	EXAMINER? HOSPITAL: OTHER:													
BY PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5	Pending Investigation	28s. OATE O (Month,	86. TIME INJU	OF 28	c. INJ WO	URY AT PRICE 2 NO	K?			/ OCCUREO			
	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At hot building, etc. (Specify)					, farm, et	arm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 2 I MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(a) and manner ee stated.													
BEC	296. SIGNATURE AND TITL	E OF CERTIFIE	B						29c. LICENSE NU					D (Month, Day, Year)
10 B	Kohers		hoisse						D-137	77		▶J.	AN	15,1990
F	Robert V.							, (Chevy Ch	ase,	Md.			
	Robert V. Chaisser, M.D. 5530 Wisc. Ave., Chevy Chase, Md. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE AN 18 90													

he law requires b has been sign to Dept. of Heal m 23 shows	Stat	TENDING PHYSICIAN: TOR: After this certifican fifter death with the Stat 8 Is marked, or Ite	E HOSPITAL OR ATTENDING PHYSICIAN: T E FUNERAL DIRECTOR: After this certifical d within 72 hours after death with the Stat ATANT: It Ilem 28 is marked, or Ite
	AN: The law requires ifficate has been signal State Dept. of Healt iftem 23 shows	TENDING PHYSICIAN: The law requires TDR: After this certificate has been sign after death with the State Dept. of Healt is Is marked, or Item 23 shows:	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE DF MARYLAND			MENTAL HYGIEN	E	0 0000.				
	REGISTRAR		CERTIFICAL	E OF DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Lest) CONRAD	C. FARINA					3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In vrs.	inst histories) E IND	ER 1 YEAR IF UNDER 24 HRS.	Jan. 12		990 5:45 AM M BIRTHPLACE (State or Foreign				
	051-01-6014	1 🛣 M 2 🗆 F 74	YRS. MONTH	DAYS HOURS MIN.	Dec. 19,	1915	New York				
or	9a. FACILITY NAME (If not institution, give stre	,	9b. Cl	TY, TOWN OR LOCATION OF D		9c. COUNTY	OF DEATH				
0	174 Fleetwood	Terrace		Silver Sprin	ıg	Mont	gomery				
DIRECTOR	10g. STATE 10b. COUNTY	lontgomery	10c. CITY, TOWN	or Location er Spring			10d. INSIDE CITY LIMITS? 15 YES 2 NO				
	10e. STREET AND NUMBER		-1	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
ER	174 Fleetwood T	errace		20910		U	SA				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 [IF YES, GIVE WAR OR DATES		3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2X NO Speci	en, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, atc. Specify: White				
	15. DECEDENT'S EDUC	ATION 16a.	DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BU	SINESS/INDUS					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) ElementarySecondary (0-12) 16. DECEDENT'S USUAL OCCUPATION (Glow kind of work done during most of working (Glow kind of work done) (Blow kind of work done) (Blow kind of work done) (Blow kind of work done) (Blow kind of work done) (Blow kind of work done) (Blow kind of work done) (Glow kind of work done) (Glow kind of work done) (Glow kind of work done) (Blow kind of work done) (Glow kind of work done)											
	17. FATHER'S NAME (First, Middle, Last) Rosario Farina			100	AME (First, Middle, Maiden Scivoli	Surneme)					
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Street and Number or Rural		m State 7in Co.	of a l				
5	199. INFORMANT'S NAME (Type/Print) Theresa L.		174 Fleet	wood Terrace	, Silver S	pring,	Md. 20910				
	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 A Remor	val from State other	place)	Name of cametery, crematory or			or Town, State				
	21. HIGHATUNE AT PUNETUR SERVICE CO			en Cemetery		-	ring, Md.				
	A///m/m/x	mach			ve., Silve	r Spri	ng, Md. 20904				
	23. PARTY. Inter the disease, or for	amplications that caused the list only one cause on each li	death. Do not ent	er the mode of dying, su-	ch se cardiac or resp	iratory smest	t, Approximats				
	IMMEDIATE CAUSE (114)	only one cause on each i	ine.				Interval Between Onset and Death				
	resulting in death) s	DUE TO (OR AS A CONSEQUENCE OF):									
NOI	Sequentially list conditions, If any, leading to immediate b. Mets totic Renal Cell Cauciname Due to (or as a consequence of):										
S	cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):								
H	d										
	PART II. Other significant conditions	contributing to deeth but no	t resulting in the	underlying cause given in	Part I. 24s. WAS AN	. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY I PERFORMED? AMAILABLE PRIOF					
PERFORMED? AMAILAE 1 YES 2 D NO OF DEA											
AED						OF DEATH?					
-	1 1 765 2 1 10										
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
SIC		EXAMINER? HOSPITAL:									
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED						
BY F	1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Near)	M	1 YES 2 NO							
1	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, street, f	actory, office	281. LOCATION (Street		Rural Route Number,				
TE	4 Homicide determined	summitty, and (opensy)			City or Town, State	,					
COMPLETED	anal	IAN: To the best of my knowledge,									
	29b. SIGNATURE AND JITLE OF CERTIFIER										
BE	10 Plane of Centifier	B		29c. LIGENSE NU	4	D //	games (shown the man)				
9 N. Kluch JR. H. S. 116 1990											

Nicholas J. Placentra, Jr. MD 31. DATE FILED (Month) Year)

of Person who completed cause of Death (ITEM 27) (Type, Print)

5 J. Placentra, Jr. MD 11018 Lockwood Drive, Silver Spring, Md. 20901 32. REGISTRAR'S SIGNATURE
Gulia Davidson-Rondale

'90

DHMH-16 Rev t/89

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR	
CERTIFICATION	
I	
TO BE COMPLETED BY PI	
TO B	

STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH AND	MENTAL HYGIEN
	CERTIFICATE	OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR		STATE OF MARY					EALTH AND I	MENTA	L HYGIEN	E			
1. DECEDENT'S NAME (First,	Middle, Last)						DEATH	2. DATE	OF DEATH			3. TIME OF DEAT	н
Mary Eliza	abeth	Fitz	geral	d				Tan	n on larv 2		YEAR	4:35	A M
4. SOCIAL SECURITY NUME			(In yrs. last			R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			LACE (State or Fo	reign
577-84-1975	stitution also str	1 M 2XXF 92	?	YRS.	MONTHS		HOURS MIN.	Dec	. 6, 1	897	Wash	ington,	DC
Leland Memo	rial H					verda						ce Geor	ges
RESIDENCE OF DEC	10b. COUNTY			10c. CITY	Y, TOWN	OR LOCAT	ION				1	IOd. INSIDE CITY	
Maryland	Montg	omery		Che	evy	Chas						LIMITS?	NO
10e. STREET AND NUMBER						101.	ZIP CODE					IAT COUNTRY?	
3804 Unders	wood St	reet 12. WAS DECEDENT EVER					20815				U.S.		
1 Never Merried 2 3 Widowed 4 Dive		FORCES? 1 YES	2 X N		13	If yes, spe	ENDENT OF HISPAN helfy Cuban, Maxica XX NO Specify	n, Puerlo		or No-	Specify Whi		in,
(Specify onl	EDENT'S EDUC y highest grade o	completed)	(Gi		vork done	OCCUPATIO	N st of working	161	. KIND OF BUS	INESS/INDU	STRY		
Elementary/Secondary (0	1-12)	College (1-4 or 5+)		emake						Own	home		
17. FATHER'S NAME (First, M	liddle, Last)		1 .1011	J.IIGAL (18. MOTHER'S NA	ME (First,	Middle, Maiden			_	
John		Wesley		Doi	nn		Cather	ine			Lans	dale	
19a. INFORMANT'S NAME (Type/Print)		19t	. MAILING	ADDRES	SS (Street a	nd Number or Rural i	Route Num	ber, City or Tow	n, State, Zip (Code)		
J. Blaine	Fitzger	ald, M.D.	4	805	Scar	sdal	e Road,	Beth	esda,	Maryl	and	20816	
20a, METHOD OF DISPOSIT XX Buriel 2 Crematic 4 Donation 5 Other	on 3 🗆 Remo	val from State	other pla	ece)			netery, cremetory or 1 Cemete	rv	40.7	cation — c		n, State irginia	1
21. SIGNATURE OF FUNERA	L SERVICE LICE			J	20	MARKE AN	D ADDRESS OF FA	OHITY					
> whore		C. Senal	_	00522	_		t A. Pum sda-Chev e, Bethe					4-3501	sin
23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	eert fellure. L	Last only one cause on CARDIA C	ARA	REST	r .			h ea cer	diac or reapi	ratory arre	eat,	Approximation interval Base Onset and	etween
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	ilona, ediate ING ary	DUE TO (OR AS	A TOR	DUENCE OF	FAI	LVA	RE						
PART II. Other significa			but not r	reculting	In the t	underlying	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF (OF DEATH?	TO CAUSE
25. WAS CASE REFERRED 1	TO MEDICAL					20.01	ACE OF BEATH (C)	and and a					
EXAMINER? 1 YES 2 NO	- MEDICAL	HOSPITAL:	rtpatient 3	□ DOA	OTHE 4 N	ER:	ACE OF DEATH (Ch						
	Pending	28s. DATE OF INJUR (Month, Day, Year		28b. TIM		28c. INJ WO			SCRIBE HOW	NJURY OCC	UREO		
2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, off building, atc. (Specify)			ectory, offic										
anal .		CIAN: To the best of my kno										and menner as a	stated.
296. SIGNATURE AND TITLE		mà					29c. LICENSE NU				SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF	SHOT					lis R	oad, #7,		densbu	ırq. M	larvl	and 207	710
31. DATE FILED (Month, Day,	3 90	32. REGISTRAR'S SH	GNATURE							J. 1			

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permit. Pages 1, 2, 3 should

DIRECTOR

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ZO3		15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US (Give kind of wor
27 Pointal of the for	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Buyer
AND the hospit detached	Ö	17. FATHER'S NAME (First, Middle, Last)		
1 66 1	6 III	Kenneth W. Frank	, Sr.	
retained b	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI
2 0 4	F	Carolyn D. Frank		769 Ed
Bras 6 may be retained by director, page 5 should be		20e METHOD OF DISPOSITION 1 X Burial 2 □ Gramation 3 □ Rom 4 □ Donation 5 ◯ Other (Specify)	quet trees Since	20b. PLACE OF DISPOSIT
		21. SIGNATURE OF FUNESHAL SERVICE LA	a V	L.L
	1	23. PART I. Enter the diseases, or ahock, or heart fallure.		
45, ed with ompleten ne il, crement		IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Gastro	Dintestina AS A CONSEQUENCE OF):
unted com				ic Cirrhos
leath certificate be executed within attending physician and complete made Hygiene prior to burial, cremating the expectation of the execution		Sequentielly liet conditiona, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OF	AS A CONSEQUENCE OF):
that the cod by the th and Me	SICAL	PART II. Other algnificant condition	d	ath but not resulting in
he law requires has been sign begt, of Heal	N: ME			
N: The licate has State D	C N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	
SICIAN: The certificate the State	S	1 X YES 2 NO		R/Outpatlant 3 DOA
NG PHYSIC Iter this ce lath with th	1000	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF IN. (Month, Day,	JURY 28b. TIME (Year) INJUR
DR ATTENDING F DIRECTOR: After nours after death	TED C	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF II building, etc	NJURY — At home, farm, str. . (Specify)
TAL DIR	MP I	cont only		knowledge, death occurred
三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	01-0	Deputy M
668	2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSA	
			eley, M.I	
		31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S	SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Kennethw. Frank, Jr. 90 1637 01 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 08-11-30 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1300M 2 | F 212-26-7607 59 New Jersey 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Peninsula General Hospital Salisbury Wicomico RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Wicomico Ocean City 1 YES 2 X NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 769 Edgewater Ave. 21842 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. If yes, apecify Cuben, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Marriad Specify: 3 Widowed 4 Divorced White 1950-1954 SUAL OCCUPATION rk done during most of working retired.) IND KIND OF BUSINESS/INDUSTRY Proctor & Gamble 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mamie Burkhardt DDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) igewater Ave., Ocean City, MD 21842 20c. LOCATION — City or Town, State ION (Name of cemetery, cremetory or n Memorial Park Glen Burnie, A.A., MD 22. NAME AND ADDRESS OF FACILITY Kirkley Funeral Home 421 Crain Hwy. S.E., Glen Burnie. MD 21061 t enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between Onset and Death 1 Hemorrhage is 24a. WAS AN AUTOPSY PERFORMED? the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 YES 2 NO DE DEATH? 1 TYES 2 TNO 26. PLACE OF DEATH (Check only one) THER: ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO et, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) at the time, data and place, and due to the cause(a) and manner as stated. in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) D03599 01-23-90 lberta Avenue - Salisbury, Maryland JAN 6 0 1510 guha Davidson-Bindelle

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BALTIMORE, MARYLAND 2120

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cordificate be executed within a nours after death. Page	I THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire	flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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marked, or Item 23 shows any Injury,

Item 28 is

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32. REGISTRAR'S SIGNATURE ha Davidson-Randall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Lucille & Fastibere VEAR LUCILLE 01 90 6:15 A M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 126 DAYS HOURS 1 M 2 X XF 577-26-1973 68 YRS 07 Virginia 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MUD, HOSP (TIL) PRINCE Southerno CLINTON acopere. RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Oxon Hill 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 7809 Elrov Place 20744 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 TYES 2 NO Specify: Specify: BY 3 X Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (t-4 or 5+) 12 U.S. Government secertary 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First Middle Maiden Surname) Roy. M. Grubb Nellie BE Everhart 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James F.Fattibene 8805 Winthrop Dr. Alexandria VA. 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION

1 Duriel 2 Cremetion 3 Removal from State

4 Donation 5 Other (Specify) Cometery
22. NAME AND ADDRESS OF FACILITY Suitland, MD, Codar Hill 21. SIGNASURE OF FUNERAL SERVICE LI 4308 Suitland Rd. Robert E. Wilhelm, Inc. Suitland. MD 20746 Enter the diseases, or complications that caused the de-shock, or heart failure. List only one cause on each line. lications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Batween Oneet and Daeth IMMEDIATE CAUSE (Final disease or condition Pirator resulting in death) QUE TO (OR AS A CONSTOUENCE OF): Myelocytic 10 mouths hranic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PARK II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL Weundhig PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 116 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) EXAMINER? HOSPITAL: OTHER: tient 2 - ER/Outpatient 3 - DOA ng Nome 5 - Residence 8 - Other (Specify) 4 Nursi 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO 8 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day Year) BE 1)2035 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a noun siter death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE UF MA		RTIF					MENTA	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)	E	Ahie						2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER S	24 HIRS.		OF BIRTN		B. BIRTHI Country	PLACE (State or Foreign
100 10 17 12	1 M 2 X F	44	YRS.					Se	pt 9	1945	-	xas
9e. FACILITY NAME (If not institution, give stre	net and number)	110	/	9b. CITY,	TOWH OF	LOCATIO	N OF DE	ATH		1	NTY OF DE	0
PESIDENCE OF DECEDENT	HOSP'H	9/ (2/1	41	(1)	(A) fe	1/	MS	1		11	ince	ocardes Co.
10e. STATE 10b. COUNTY			10c. CITY,	TOWH O	R LOCATI	ON						10d. INSIDE CITY
MD Prince	George		Clir	nton								LIMITS? 1 YES 2 [X] NO
10e. STREET AND NUMBER					101.	ZIP CODE				10g, CIT	IZEN OF W	HAT COUNTRY?
7317 Sheila Lane					2	0735				USA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 X IF YES, GIVE WAF 1 964	EVER IN U.S. ARM YES 2 NO FOR DATES	MED O	H	yes, spe		, Mexican	, Puerto	i? (Specify Ye Rican, etc.)	e or No—	14. RACE Black Specif	- American Indian, White, etc. y: White
15, DECEDENT'S EDUCA	ATION	16a. DEC	EDENT'S U					16b	KIND OF BU	SINESS/INI	DUSTRY	WILLE
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	re kind of wo Do NOT use	retired.)	luring mos	t of working	7				m.	
12		acc	ount	exec	cuti	ve		W	ashin	gton	Times	s Newspape
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	AE (First,	Middle, Maider	Surname)		
Edward Hamel						Lil'				obtai		•
19e. INFORMANT'S NAME (Type/Print)									ber, City or Tox		,	
Loyce Best								olle	ge Pa			
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove	rel from State	20b. PLACE C	ce)							CATION —		en, State
4 Donation 5 Other (Specify)	NSEE	I_Ceda	r Hil	22. P	CEMA:	LOTY	S OF FAC	OH ITY	Sui	land	MD	
(Robert)	Vichel	In	/	Ro	ber		Wil:	helm	Fune	ral H	ome	
23. PART I. Enter the diseases, or co ahook, or heart failure. L IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	ist only one cause	on each line.	1 0	An			ig, soci	i as car	unac or resp	eratory sr	rest,	Approximate interval Betwee Onset and Dea
	DUE TO (O	R AS A CONSEQ	WENCE OF):								
Sequentially list conditions, b.	DUE TO (O	R AS A CONSEQ	UENCE OF	(-Z								
If any, leading to immediate cause. Enter UNDERLYING												
CAUSE (Disesse or injury that initiated events resulting in desth) LAST	DUE TO (O	PR AS A CONSEO	UENCE OF);								
PART II. Other significant conditions	contributing to d	eeth but not re	esuiting in	the un	derlying	csuse g	iven in	Part i.	24a. WAS A		24b.	WERE AUTOPSY FINDING
									PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 1 123	2 10		OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATN (Che	ick only o	ne)			
The same of the sa	HOSPITAL:	ER/Outpetlant 3		OTHER 4 Num		5 🗆 Res	sidence	6 🗆 Othe	er (Specify)			
27. MANNER OF DEATH	28a. DATE OF IN		28b. TIME	OF	26c. INJU	IRY AT		28d. DE	SCRIBE HOW	INJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation		,		М		ES 2	NO					
3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF building, at	INJURY — At hor c. (Specify)	me, farm, st	treet, facto	ory, office			28f. LOC City	ATION (Street or Yown, State	end Numbe	r or Rural F	loute Number,
296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER) end manner as stated.
296 SIGNATURE AND TITLE OF CERTIFIER	^ ^	00	>		1	29c. LICE	NSE NUN	IBER		29d. DAT	TE SIGNED	(Month, Day, Year)
James & Ch	esly y	1 m				02	63-	51		•	1/21	190
30. MIME AND ADDRESS OF PERSON WHO		OF DEATH (ITEM	A 27) (Type,	Print)	Br	sich	A	12	Clin	tun,	berd ?	2737
JAN 24 90 Day Year July	a Davidson	PERSONAL S										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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STATE OF	MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENI
	CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest) Charles Raymon	d Foreman				2. DATE OF DEATH MONTH DA January 2	1 9 YEAR	3. TIME OF DEATH 9 4 3 0 A M
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) III	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
	200–28–9394 9a. FACILITY NAME (If not institution, give st	1 X M 2 F	5/ YRS. MC	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6/1/38	Pen	nsylvania
RECTOR	126 Carol Ave.	eet and number)		Aberde	R LOCATION OF DE	ATH	% COUNTY OF	
2	10a, STATE 10b, COUNTY		10e CITY T	OWN OR LOCAT	ION			10d. INSIDE CITY
4	Maryland Harf	ord		erdeen				LIMITS? 1 X YES 2 NO
1	10e. STREET AND NUMBER				ZIP CODE			WHAT COUNTRY?
Ä	126 Carol Ave.				21001		U.S.	
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe	ENDENT OF HISPAN ecity Cuban, Maxicar 2 NO Specify	IC ORIGIN? (Specify Yea i, Puarto Rican, etc.) · :	Spe	E — American Indian, ik, White, atc. ify: 11te
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo	N at of working	16b. KIND OF BUS		
립	12		Ouality A	Assuran	ce Specia	alist U	.S. Govt	
0	17. FATHER'S NAME (First, Middle, Last)		7			ME (First, Middle, Maiden :		
BE C	Ellis B. Forer	nan			Margar	et Grace S	chmittle	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street a	nd Number or Rural R	loute Number, City or Town	n, State, Zip Code)	
۲	Kathy Forema	in	C/o126 (Carol A	ve. Ab	erdeen, Md	. 21001	
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Remo	well from State	PLACE OF DISPOSITION Of the place) Pasant Hi			20c. LO	CATION — City or T	
	21. SIGNATURE OF PURSAL SERVICE LIC	ENSES/	casant mi					
	· Marom.	MALL				Funeral 21001-33		Α.
	23. PART I. Enter the diseeses, pr	omplications that caused	tha deeth. Do not	enter tha mo	da of dying, auci	aa cerdiac or reapi	ratory arrest,	Approximata
		List only one cause on ea				4		interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A	NARY	An	TENY	DISE	AJE	1 142
		AJLUI	CONSEQUENCE OF):					
ō	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):					
SAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	4						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
EH	readiting in death) CAST	1						
AL C	PART ii. Other aignificant condition	a contributing to death bu	it not resulting in	the undarlying	cause given in	Part I. 24s. WAS AN		b. WERE AUTOPSY FINDINGS
	STATUS	POST CO	RONAN	Y ALI	EMY BY	AS PERFOR	/	AVAILABLE PRIOR TO COMPLETION OF CAUSE
副		TENSION		,	1		47	OF DEATH?
2	1					_		
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Chi	ick only one)		
Sic	1 DYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe		THER: Nursing Hom	e 5- Teeldence	■ Other (Specify)		
Ě	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c, INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCURED	
2	1 Natural 5 Pending 2 Accident Investigation	NIA	N/0	M 1 1		~/	A	
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Speci	At home, farm, stre	et, factory, offic		28f. LOCATION (Street a City or Town, State)	and Number or Aurel	Floute Number,
E	4 Homicide determined	70.5 55 55	2/5	7			4/8	4
2	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	edge, death occurred	at the time, data	and place, and dua	to the cause(a) and man	oner as stated,	
COMPLETED		R: On the besis of examination	and/or investigation,	In my opinion, d	eath occured at the	time, data and place, an	d due to the cause	(s) and manner as stated.
Ö	29b. SIGNATURE AND TOTLE OF CERTIFIER				29c. LICENSE NUN	IBER	29d. DATE SIGNE	D (Month, Day, Year)
) BE	9 ansof when	N DME		100	D 2180	9	N .	ry 22, 1990
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	rint)		-	Janue	
	Ganesh S. Prabh		.810 Bel	Air Roa	d, Falls	ton, Md.	21047	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA Fulia Davidson	TURE			,		
	JAN 24'90	guna Davidson	n-Handelle					

nysician.	urial-transit	A
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit has end within 10 per second mental thousand the following the following of the following the following of the following the fo	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
thin 24 hours a	etely filled in by	nt, the medic
ate be executed will	ysician and comple	r traumatic ever
the death certifica	y the attending physical	injury, or other
law requires that	as been signed b	23 shows any
PHYSICIAN: The	this certificate h	rked, or item
OR ATTENDING I	DIRECTOR: After	tem 28 is mar
TO THE HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune and the state of the following the following the following the state of the following the followin	IMPORTANT: H

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				ERIIF	ICATE O	F DEATH	REG. NO			
1. DECEDENT'S NAME (First Donald		ard	Finnel.	1			1 1	AY Lo	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM 579-26-223		5. SEX 1 M 2 - F	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) October 2	1925	Country	PLACE (State or Foreign ington, D.(
90. FACILITY NAME (# not) Suburban H	Hospital					N OR LOCATION OF DI Nesda		9c. COU	NTY OF DE	ATH
10e. STATE Maryland	10b. COUNTY Montge	omery			y, TOWN OR LO chesda	CATION				10d. INSIDE CITY LIMITS? 1 YES 2XXNO
9813 Par		rive				20814				tates
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPAN If yee, specify Cuban, Mexicar 1 YES 2 NO Specify						an, Puarto Rican, etc.)	or No-	Black	- American Indian, White, atc.	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4 Cryptologist WW II 1 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work dane during most of working life. Do NOT use retired.) Cryptologist						Nationa			v Agency	
17. FATHER'S NAME (First, Middle, Last) Charles B. Finnell Ethel Goebel							,			
Diane M.							Route Number, City or Tow Bethesda,			20814
21. SIGNATURE OF FUNER	AL SERVICE LICE	11	• MO	0846	Home	/Bethesda	-Chevy Cha	A. P	umphr	ey Funeral
23. PART I. Exter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond	inei	onplication that is at only one cau	t caused the caused th	deeth. Do r	not enter the	mode of dying, aud	ch ae cardiac or resp	iratory ar	reat,	Approximate
iMMEDIATE CAUSE (F disease or condition	itions, ediate Ying jury	oue TO	t caused the	EQUENCE O	Figure 1	mode of dying, aud		iratory ar	reat,	Approximate
iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERIX CAUSE (Disease or inj that initiated events	itions, ediate YING jury d.	OUE TO	(OR AS A CONS	SEQUENCE O	FI:	Renal	th ae cardiac or response Fail	AUTOPSY RMED?	reat,	Approximate
immediate Cause (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL'CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignifications.	itions, ediate ying jury st d. cant conditione	OUE TO CONTributing to	(OR AS A CONS	EQUENCE O	in the underly	PLACE OF OEATH (C)	Part I. 24a. WAS AI PERFO	AUTOPSY RMED?	reat,	Approximate interval Between Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl
iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL'CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignification in the condition of t	itions, ediate ying jury st d. cant conditione	OUE TO DUE TO DUE TO CONTributing to HOSPITAL: 1 Vinpation: 2 26s. DATE Of (Month, E)	COR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS	EEQUENCE O	F): In the underly OTHER: 4 Nursing I E OF 28c. URY M 1	PLACE OF OEATH (C) NORTH AT WORK? YES 2 NO	Part I. 24a. WAS AI PERFO	AUTOPSY RIMED?	Treat,	Approximate interval Between Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl

31. DATE FILED (Month, Day, JAN 29 '90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-18 Rev 1/89

WISCONSIN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME			MENTA	AL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Last)	HARRY L.	FRIEDMAN			2. DAT	E OF DEATH THE	N. 28,	3. TIME 0	OF DEATH 3:35 A
4. SOCIAL SECUBITY NUMBER S	SEX 6. AGE		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BRITTE 2	21/12.6	BIRTHPLACE (St.	ate or Foreign
058-05-4694	M 2 □ F	7 YRS. MONTH		HOURS MIN.	10	124/	200	PALEST	IND
HOLY CROSS 147	SPITAL	S	100	ERSP	Rin	VG	ac contain	THE COUNTY	OMERY
RESIDENCE OF DECEDENT 10a. STATEMD 10b. COUNTY	ONTCOMERY	10c, CITY, TOW	N OR LOCAT	ION STLVER	SP	RING		10d. INSI	OE CITY
MD MO	NTGOME	Ry SIL	JER	SPRI	NG				3 2 NO
8107 EASTE	RN AVE	#408	101	200E0001	0		10g. CITIZEN	OF WHAT ROUI	4.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D		If yes, spe	ENDENT OF HISPAN polity Cuban, Maxica 2 X NO Specify	n, Punric			RACE — Americ Black, White, et Specify: WHIT!	ic.
15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	OCCUPATIO	N st of working	16	b. KIND OF BUS	INESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	RET JE				JEWEI	RY		
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First,	, Middle, Maiden	Surname)		
BENJAMIN 190. INFORMANT'S NAME (Type/Print)	FRIEDMAN	19b. MAILING ADDR	EDS (Chant o		NNAI			OWITZ	
JEANETTE FRIEDM	AN	SAME	AS	ITEM #1		mber, City or low	r, State, 210 Coo	10)	
20e. METHOD OF DISPOSITION 1 □ Burial 2 ☒ Cremation 3 □ Remove	20th	PLACE OF DISPOSITION other place)		netery, crematory or			CATION — City	The state of the state of	
4 Donation 5 Other (Specify)	ISBEC .	CHAMBERS	0.20	MATORY ID ADORESS OF FA	CILITY	RI	VERDAL	E, MD.	
19/11/Ch	anberell	M00091		. CHAMBE		CO. INC	., SIL	VER SPI	20910 RING, MD.
shock, or heart failure. Like IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditione, if any, lasding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daeth) LAST	OUT TO CON AS A OUT TO CON AS A OUT TO CON AS A	CONSEQUENCE OF:	TORY HRONI PUNI RTERI	FAILURE CVOBSTRU CVOB	CTI	E LUNC CARDIOV	DIS.	AND AND	YRS.
PART II. Other significant conditions PROBABLE TO ST	ASTRONER	out not resulting in the	underlyin Leffa DING	cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	COMPLET OF DEATH	TOPSY FINDINGS E PRIOR TO ION DF CAUSE 17 3 2 NO
	IOSPITAL:		IER:	ACE OF DEATH (Ch					
1 VES 2 NO 1	28s. DATE OF INJURY (Month, Day, Year)	26b, TIME OF	28c. INJ	URY AT	_	her (Specify) ESCRIBE HOW I	NJURY OCCUR	ED	
1 Nettiful 5 Pending 2 Accident Investigation		N	1 0	res 2 No					
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	— At home, farm, street, cify)	factory, offic			CATION (Street in ty or Town, State)	and Number or F	Rural Route Numl)er,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:	AN: To the best of my know On the beste of examination							euse(a) and men	ner an stated.
296. SIGNASORI AND TITLE OF CERTIFIED	5/10	-		29c. LICENSE NUI	MBER	\sim	29d, DATE SI	GNED (Month, D	ny, Year)
30. NAME AND ADDRESS OF PERSON WHO	ODMPLETED CAUSE OF OR	ATH (ITEM 27) (Time Print)		90 /3	1		P /	-10-	7'0
JASON CE IGI	ERWO MD AS	ATH (ITEM 27) (Type, Print)	RON	ST. ST. S	ПA	PR SPRI	NG, MD	KINFE	19180
JAN 29 90	32. REGISTRAR'S SIGN	ASTA- ASTACRE						209	10

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VIEW PEOPLE, F.C. DON 19149,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or n
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1. DECEOENT'S NAME (First, Middle, Lest)			ERTIFIC				2. DATE OF	DAY	,	YEAR	3. TIME OF DEATH
VER	VETTA	LY	NIN	FAUN!	TERO	Y	1-16	5-90		. CAR	7:50AM M
		AGE (In yrs. les		IF UNDER 1 YE		UNDER 24 HRS.	7. DATE OF (Month, L			8. BIRTH Country	PLACE (State or Foreign y)
219-90-9022	M 2 F	28	YRS.				Dec.	16. 1	961		
9a. FACILITY NAME (If not institution, give street				9b. CITY, TO	WN OR L	OCATION OF O	EATH	1	Prin	CP (Georges Co.
PRINCE GEORGES GEN	ERAL HOS	PITAL		C	HEV	ERLY					deorges co.
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR L	OCATION	1					10d. INSIDE CITY
MD. Prince	Georges			2		Up	per M	arlbo:	ro		LIMITS?
10e. STREET AND NUMBER				10f. ZI	P CODE	•	I		EN OF W	HAT COUNTRY?	
214 Graiden Street						20772			Unit	ed :	States
11. MARITAL STATUS 12	. WAS DECEOENT E FORCES? 1	VER IN U.S. AR	MED			DENT OF HISPAI			_	14. RACE	— American Indian, White, stc.
1 X Never Merried 2 Merried 3 Wildowed 4 Olvorced	OR DATES	10			y Cuban, Mexico XNO Specif		an, etc.)		Specif		
15. DECEDENT'S EDUCATI (Specify only highest grade com	ON pleted)		CEDENT'S U			f working	16b. K	IND OF BUSI	NESS/INDU	STRY	
	ollege (1-4 or 5+)	lllo.	Do NOT use	retired.)		-		E. J.	^		
	4	Adii	inist	rativ		ssistan			_	ove	rnment
17. FATHER'S NAME (First, Middle, Lest)						. MOTHER'S NA					
Bobby Lee Fauntero	У					<u>Vernell</u>	_				
190. INFORMANT'S NAME (Type/Print)						Number or Rural					00776
Bobby Lee FAuntero 20p, METHOD OF DISPOSITION	У					treet U	pper		ATION - C		20772
1 X Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	other pl	In Ma	movia	1 C	emetery	,		tland		
21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE	LITTICO	111 146	22. NAI	ME ANO	ADDRESS OF FA	CILITY				
>			816			Horton ennedy				, Ir	nc.
23. PART I. Entar tha diseases, or com										at,	Approximate
shock, or heart failure. List IMMEDIATE CAUSE (Final	only ona cause	on aach line	1.								Interval Between Onset and Death
disease or condition resulting in death)	MULTI	PLE IN	JURIES	S							
touching in update)	OUE TO (OI	R AS A CONSE	OUENCE OF)	:					-		
Sequentially list conditions 6.											
Sequentially list conditions, If any, leading to immediate	DUE TO (OI	R AS A CONSE	QUENCE OF)	:							
cause. Enter UNDERLYING CAUSE (Disease or Injury	DIE TO 404	R AS A CONSE	OUENCE OF								-
that initiated events resulting in death) LAST	JUE 10 (OI		OULHOE OF								į
d											1
PART II. Other significant conditions c	ontributing to de	ath but not	reaulting in	tha unda	rlylng c	ausa given in	3,1	4a. WAS AN	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
							^X	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
											YES 2 NO
	OSPITAL: VVI	7		OTHER:	26. PLAC	E OF DEATH (C)	neck only one)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	X_X_			4 - Nursing		5 Residence					
EXAMINER? 1 X X ES 2 NO 1		JURY Venc	6:11-C	MXM I	WORK	?	DRIV	ER IN	AUTO	TR	UCK IMPACT
EXAMINER? 1 Nes 2 No 1 27. MANNER OF GEATH	28e. OATE OF IN (Month, Dey,			m ·	I YES	X ² XXNO					
EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation	28e. OATE OF IN. (Month, Dey, 1-16-9	90	one ferm -	real factors	office				and Neumber -		
EXAMINER? 1	28e. OATE OF IN (Month, Dey,	OO NJURY — At ho	ome, farm, st	ROA				Tower State)	nd Number o		
EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28e. GATE OF IN (Month, Dey, 1-16-0) 28e. PLACE OF II building, etc.	OO NJURY — At ho L. (Specify)		ROA	D		Rt. ville	21470 Pri	ueen nee G	Ann	
EXAMINER? 1	28e. OATE OF IN (Month, Dey, 1-16-0) 28e. PLACE OF II building, etc	NJURY — At he	eath occurred	ROA	D, date en		Rt. willo	214/0 214/0 Pri	ueen nee G	Ann eor	e Rd.,Mitch
EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER Check/bnly one) 1 CERTIFING PHYSICIAL COURSE CERTIFING PHYSICIAL	28e. OATE OF IN (Month, Dey, 1-16-0) 28e. PLACE OF II building, etc	NJURY — At he	eath occurred	ROA	D, date en	h occured at the	Rt. villo to the cause	214/0 214/0 Pri	ueen nee G ner as state d dus to the	Ann	e Rd., Mitch
EXAMINER? 1	28e. OATE OF IN (Month, Dey, 1-16-0) 28e. PLACE OF II building, etc	NJURY — At he	eath occurred	ROA	D, date en		Rt. villo to the cause	214/0 214/0 Pri	ueen nee G ner as state d dus to the	Anno	e Rd., Mitch

111 PENN STREET, BALTIMORE, MD 21201

JAMES KAPLAN, MD 11

32. REGISTRAR'S SIGNATURE
Guia Davidson Randall

31. DATE FILED MONTH 300 YEAR 90

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	1 - STATE REGISTRAR	STATE OF N	MAKYLA	CERTIF				MENIAL	REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)	0 -						2. DATE O	F DEATH			3. TIME OF OEATH
	MARY	13. F	ahe	enty				JAN.	25,	199	VEAR	3:03 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (/n	yrs. last birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE OF	F BIRTH Day, (May)		8. BIRTHE	PLACE (State or Foreign
	579-42-4501	1 - M 2 X F	5	YRS.	MONTHS DA	YS HOURS	MIN.	3-	18-	08		shireten DC
	9e. FACILITY NAME (If not institution, give s				96. CITY, TO	WN OR LOCAT	ION OF D	EATH		9c. COU	NTY OF OE	АТН
8		(cspital)	1		SILVE	R SPI	RING			MON	TGOM	ERY
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	γ		10c CI1	Y, TOWN OR L	OCATION					Т	10d. INSIDE CITY
<u> </u>	7,172	MONTGOME	RY	1001 011		ER SPI	RING					LIMITS?
	10e. STREET AND NUMBER	1101111001111			0111	10f. ZIP COI		-		10a, CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	625 GIST AVENUE					2	20910)		U	ISA	
Š	11. MARITAL STATUS	12. WAS DECEDEN				DECENDENT				e or No—		- American Indian,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1			If ye	s, specify Cub YES 2 X NO	ean, Mexico Specif	en, Puerto Ri fy:	cen, atc.)		Specify	WHITE
8	15. OECEDENT'S EDU (Specify only highest grade			16a. DECEDENT'S	USUAL OCCU		dna	16b. i	KIND OF BU	JSINESS/IN	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5		Ille. Do NOT u	se retired.)	y most or work	uriy	- 1				
P P		2		HOMEMAK	ER							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							AME (First, Mi				
BE		ACH		· · · · · ·		MAI			ANDE			
0	19a. INFORMANT'S NAME (Type/Print) MARY E. FLAHER	my (DAII	GHTER		ADDRESS (S							20010
- 0	200, METHOO OF DISPOSITION	II (DAU	-	PLACE OF DISPO							City or Tox	20910
	1 🖾 Buriel 2 🗆 Cremetion 3 🗆 Rem	ioval from State		other place) TE OF H								G, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	_ 011	IL OF I	22. NAI	E ANO AODR	ESS OF FA					
	61	na.				CIS J					-	
	23. PART I, Enter the diseases, or		4	the death De	500	UNIVE	RSITY	BLVD)., W	., SI	L. SI	P., MD 2090
	shock, or Heart failure.	List only one car	nse ou se	ch line.	not anter th	i modal of d	ying, suc	cn ss csrui	ec or res	piratory si	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)										Onset and Death	
	reaulting in death)	a	OR AS A	CONSEQUENCE C	H & ML							27110
_	OUE TO (OR AS A CONSEQUENCE OF): Chronal Lymphoc + + = (conte con or 17 x 25											
CERTIFICATION	Sequentially list conditions, out to (or as a conscouence of):											
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c										
E	that initiated events	DUE TO	(OR AS A	CONSEQUENCE (OF):							
ER	resulting in deeth) LAST	d										-
	PART II. Other algnificent condition					rlying cause	given ir	n Part i.		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
ICAL	C 92 8 5 120	Dageula	Q2	. 5 G WS	*				1 TYES	2 HNO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED												1 YES 2 NO
								_				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				· ·	26. PLACE OF	DEATH (C	heck only one)			
SIC	1 VES 2 VE	HOSPITAL: 1 Inpetient 2	☐ ER/Outpa	itlent 3 🗆 DOA	OTHER:	Home 8 🗆	Residence	6 🗆 Other	(Specify)			
РНУ	27. MANNER OF DEATH	28e. DATE O (Month,	F INJURY Day, Year)	28b. TI	ME OF 28	c. INJURY AT WORK?		28d. DES	CRIBE HOW	NJURY O	CCURED	
ВУ	1 Natural 8 Pending 2 Accident Investigation				М	YES 2	□ NO					
ED	3 Suicide 8 Could not be 4 Homicide determined		of Injury . , atc. (Speci	— At home, farm,	street, factory	office			TION (Street or Town, State		er or Rural F	loute Number,
절	(Check only one)											
COMPLET	MEDICAL EXAMIN	_										
	29b. SKINAFIME AND TITLE OF CERTIFIE	ER	-			29c. L.	CENSE NU	UMBER		29d. DA	TE SIONED	(Month, Day, Year)
B	\sim		2)		111	101-	00			1120	190
0	S. 2 8:	> ta .	W	TH STEM AT C	na Drimth	B	106	40			1125	190
TO BE	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAN	ISE OF OEA	TH (ITEM 27) (Tyr. 9 80	e, Print)	56 LB	45	95 5	(1500	SPR	1125 the no	190
0	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAI	ISE OF OEA	TH (ITEM 27) (Typ.) A 80	e, Print)	29 ra	45	5,5	()58	SPR	1125	(Month, Day, Year) 190

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sage 5 should be detached for use as the bi		once.
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Should		n 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
9		=
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tending physician and completely filled in by the funeral director, pag-		r mus
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funer	urial, cremation, or removal.	жаш
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has been signed by the att	Dept. of Health and Mental Hygiene prior to burial, crei	60
S	TH.	MOL
pee	J. 0	65
has	20	23
	-	-

CA	(First, Middle, Last)	James		rt rt	Fish		DEA		2. DATE OF D	EG. NO.)/	45	TIME OF DEATH
4. SOCIAL SECURITY		5. SEX	6. AGE (In yrs.		IF UNDER	I 4 WEAR	IF UNDER	h de land	7. DATE OF B	IDTU.	-1	/-	ACE (State or Foreign
121/31/	10119	1 M 2 T F	64		MONTHS	DAYS	HOURS	MIN.	(Month, Day	(Year)		Country)	
90. FACILITY NAME (#	not institution, give s	tmet and number)			9h CITY	(TOWN C	R LOCATI	ON OF DE	June 2			TY OF DEA	Virginia
		V.A. Hos	ni+al				more		ur111	"			
RESIDENCE OF	DECEDENT		prtar		Б	arti.	more				вал	LTIMO	re City
10a. STATE	10b. COUNTY				Y, TOWN		TON					1	Od. INSIDE CITY LIMITS?
Marylan		ecil		E	lkto								YES 2X NO
100. STREET AND NUI						101	. ZIP COD			10			AT COUNTRY?
65 Broo	ks Lane							921				S.A.	
11. MARITAL STATUS 1 Never Merried 3 Widowed 4		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W World W	X YES 2 [AR OR DATES	ARMED NO		If yes, spe		ın, Mexica	NIC ORIGIN? (Sp in, Puerto Ricen y:		No-	14. RACE - Black, Specify:	- American Indien, White, atc. White
15 (Sneo	. DECEDENT'S EDU	CATION	16a.	DECEDENT'S (Give kind of	USUAL O	CCUPATIO	ON		16b. KIN	O OF BUSINE	SS/IND	USTRY	
Elemantary/Second		College (1-4 or 5)	life. Do NOT u	se retired.)		SE OF WORKI	ng					
11				Elect	rici	an			C	onstru	ıcti	on	
17. FATHER'S NAME (F							16. MOT	HER'S NA	ME (First, Middle				
	Addison	Fisher							Della		cley		
19a, INFORMANT'S NA									Route Number, C				
	a E. Fis		101	65 B					lkton,		2192		
20e. METHOD OF DISI 1 Burial 2 Cre	metion 3 🗆 Rem		other	place)			metery, crer	matory or		20c. LOCATI			
4 Donation 5 D		CENSEE	210	n Cem			UD ADDRE	20.00	OH CEV				aryland
· La	esh &	E 2/0	cks			Bo E.1	w and	d St	for Frockton	Stree	ets		
23. PART I. Enter I	he dieceses, or o	complications the	t coused the	deeth. Do	not enter	r the mo	de of dy	ing, auc	h as cardisc	or reepirate	огу агг	nat,	Approximate interval Between
IMMEDIATE CAUSI	E (Finsi	,						7430					Onset and Deatl
disease or condition resulting in desthi		. #	ECATI	5 PA	ton	É	AC	1001	(j				2 days
		DUE TO	(OR AS A CON	SEOUENCE O			. 0.00	100	A 10	-			7 chine
Sequentially list c	onditions.	b				12 Y	JAL	- 1-0	HLUR	E			20073
If any, leading to i cause. Enter UNDI	mmediate	DUE TO	(OR AS A CON	SEQUENCE O	IF):	1.10	200=	7/	PAIL	5			1 4days
CAUSE (Disease o	r Injury	C	(OR AS A CON	SEQUENCE O	NF):	, , ,	20/1		FUTIL	UNC			74.7
that initiated even resulting in death)		d	(0)		. , .	ST	API	+ 5	EPTIC	EMIA	ł		3 okay
PART II. Other sig	nificent condition			t resulting	In the u	nderiyin	g cause	given in	Part i. 24e	. WAS AN AUT			VERE AUTOPSY FINDINGS
	MA	CIARHO	213						10	PERFORMED	-		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
													YES 2 NO
		/											
25. WAS CASE REFERE	REO TO MEDICAL	HOSPITAL:					LACE OF 0	DEATH (Ch	eck only one)				
		1 inputiont 2	ER/Outpatient	3 🗆 DOA	4 A Nu		10 5 🗆 R	esidence	6 Other (Sp	ecity)			
EXAMINER?		28s. DATE OF	INJURY wy, Year)	28b. TIR	JURY JURY	WO	PURY AT DRK?	7 40	28d. DESCRIE	BE HOW INJU	RY OCC	CURED	
EXAMINER?	Figure 1 Pending Investigation	(Workin, L	. ,	_ A	(Γ)		100 2	_ NO					

2

31. DATE FILEO (Month, Day, Year)
JAN 24

'90

30. NAME AND ADDRESS OF PERSON WHO DOMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
3900 WH PARSY BUD. BATO. MO

32. REGISTRAR'S SIGNATURE
Grids Davidson-Randelle.

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

ihysician.	ourial-transit permit.		1
he hospital or attending	detached for use as the		once.
e 6 may be retained by I	rector, page 5 should be		must be notified at
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	ion, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
cate be executed with	ohysician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	er traumatic event, t
res that the death certifi	igned by the attending p	ealth and Mental Hygien	rs any injury, or oth
IYSICIAN: The law requi	is certificate has been s	ith the State Dept. of H	ed, or Item 23 show
TAL OR ATTENDING PH	3AL OIRECTOR: After thi	72 hours after death w	If Item 28 is mark
TO THE HOSP	TO THE FUNE!	be filed within	IMPORTANT

4-12-90 CM FOR 1 - STATE REGISTRAR		STATE OF I		/ DEPAR					IENTAL	HYGIEN REG. NO					
1. DECEDENT'S NAME (First	t, Middle, Last)							T	2. DATE O	F DEATH			3. TIME OF DEATH		
George	Augu	stus	Glasg	wo					Janu	ary 2	ĭ, 19	90	11:10 a. M		
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER 24	_	7. DATE O	F BIRTH		S. BIRT	HPLACE (State or Foreign		
578-10-203	2	1 📉 M 2 🗌 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	26 •	1906	Was	hington, DC		
9a, FACILITY NAME (If not i	nstitution, give s	treet and number)			9b. CITY,	TOWN OF	LOCATION	OF DEA			9c. COUN				
Bon Secour		ing Home			E11i	cott	City	7			How	ard			
RESIDENCE OF DE	CEDENT	,		40- 017	Y, TOWN OF	1.00471	201						10d. INSIDE CITY		
							JN .						LIMITS?		
Maryland	Howa	ra	-	Cla	rksvi	_	ZIP CODE				10a CITIZ	EN OF	TY YES 2 NO		
		T											WILL COURT		
5341 Broad	water .	Lane	IT EVED IN II S	ADMED	12 W		029	LII QDA NI	C OBIOINS	(Specify Yes	U.S		E — American Indian.		
1 Never Married 2	Married	FORCES?	X YES 2		11	yea, spec	olfy Cuben,	Maxicon	, Puarto Ri		01110	Blac	ck, White, etc.		
3 Widowed 4 Div	orced	IF YES, GIVE	MAR OR DATES		'	TES	X NO	Specify:				Spec	White		
15. DE	CEDENT'S EDU	CATION	15a.	DECEDENT'S	USUAL OC	CUPATION	٧		16b.	KIND OF BU	SINESS/IND	USTRY	71 222 00		
Elementary/Secondary	lly highest grade (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	uring mosi	or working]		100				
12th Grade		5 +		Attorn	ev				Wi	lkes	& Art	is	Law Firm		
17. FATHER'S NAME (First,										ddle, Malden	Sumame)				
Augustus R	. Glas	gow, Sr.					Lena	J.	Sche	uch					
19a. INFORMANT'S NAME LOUISE A	(Type/Print)	w (Broth	er)	196. MAILING 5341									land 21029		
20a. METHOD OF DISPOSI	TION		20b. PL/	CE OF DISPO	SITION (Nen	ne of cem	etery, cremet	ory or		20c. LC	CATION —	City or T	fown, State		
	1X Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Photos (Specify) Cedar Hill Ceme									Sui	tland	, M	aryland		
21. SIGNATURE OF JUNER	AL SERVICE LIC	CENSEE)			22. N	AME AN	ADDRESS								
· Ma	1. 1	X /	V		Fr	anci	s Gas	ch'	s So	ns Fu	neral	Ho	me, P.A.		
IMMEDIATE dAUSE (F disease or condition recuiting in death) Sequentially list cond if any, leading to imm	itions,	/	•	SCUONLEY LO PPRIPHERE 2 AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):					ertind occlusive				Onset and Death		
cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	YING Jury	c. DUE TO	OR AS A COM										V		
PART II. Other signification	cant condition	ne contributing to	en fiz	ot resulting	in the un	derlying	cause glv	ven in (24a. WAS AF PERFO 1 YES	RMED?	24	ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED	TO MEDICAL					26. PL	ACE OF DEA	ATH (Che	ick only one)					
EXAMINER?		HOSPITAL:	☐ EB/Outpetler	4 3 T DOA	OTHER	t:	5 🗆 Resi								
27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. TII	WE OF	28c. INJU		dence			INJURY OCC	CURED			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO															
3 Suicide 6 4 Homicide	Could not be datermined	28e. PLACE building	OF INJURY — A I, etc. (Specify)	it home, ferm,	street, facto	ory, office				TION (Street or Town, State		and Number or Rural Route Number,			
[Crieck only /		ER: On the basis of											o(s) and menner as stated.		
296. BIGHATURS AND TITE	LE OF CENTIFIE	un	_ ~				29c. LICEN	SE NUN	BER 341	_	29d, DAT		ED (Month, Dey, Year) 22-90		
30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CA	USE OF DEATH	(ITEM 27) (Typ	e, Print)		110	110	13		J		21045		
			2 Kno										4104.		



JAN 29 '90

32. REGISTRAR'S SIONATURE
Julia Davidson-Randoll

DHMH-15 Rev 1/89

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN						
1. DECEDENT'S NAME (First, Middle	, Lest)			<u> </u>	2. DATE OF DEATH		3. TIME OF DEATH				
Thomas	s Lynch Gray				January 1		10:00 P M				
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.4	BIFTHPLACE (State or Foreign				
218-16-8021 98. FACILITY NAME (If not institution	1 X M 2 F	1924 Ca	embridge, Md.								
AMI Doctors' Ho	ospital			Marylai			e George's				
D left	COUNTY Lnce George's	Joe CITY, TO Upper	Marlbo	ion			10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
11207 Benning	ton Drive			20772		U.S.A					
10e. STREET AND NUMBER 11207 Benning1 11. MARITAL STATUS 1 Never Married 2 A Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	2 NO	If yes, spi		NIC ORIGIN? (Specify Ye n, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White				
	Army - WW	16a. DECEDENT'S US	HAL OCCUPATIO	MA.	10h WIND OF DI	CINECO (INDUOT					
15. DECEDENT (Specify only higher (Specify only higher December) 12th Grade 17. FATHER'S NAME (First, Middle, L	st grade completed)	(Give kind of work	done during mo	st of working	16b. KIND OF BU	SINESS/INDUST	RY				
12th Grade	College (1-4 or 5+) 4 Years	Civil En	gineer		U.S. Go	vernmer	nt				
17. FATHER'S NAME (First, Middle, L		02122 2	8211002	18. MOTHER'S NA	ME (First, Middle, Maider						
					Sewell						
THE INCOMMENT OF NAME (Top (Tr)	nt)	19b. MAILING AD	DRESS (Street a		Route Number, City or To	vn, State, Zip Coo	(a)				
Anne S. Gray	(Wife)	11207 B	enning	ton Driv	e, Upper M	arlboro	o, Md. 20772				
20a, METHOD OF DISPOSITION	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametary, cramatory or 20c. LOCATION — City or Town, State										
	1 Deursi 2 Acremation 3 Removal from State other place) 4 Donation 6 Other (Specify) Metropolitan Crematory Ale										
21. SIGNATURE OF FUNERAL SERV	Home, P.A. le, Md. 20781										
	ea, or complications that cause allure. List only one cause on						Approximate				
IMMEDIATE CAUSE (Final	Miure. List only ona cause on	each line.					Interval Between Onset and Desth				
disease or condition resulting in death)	S. CONG	ESTIVE	HS	FART	FAIL	2 RF	2 4 200				
Treating in death)	DUE TO (OR AS			-0							
	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate	if any, leading to immediate										
CAUSE (Disesse or Injury											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
	d										
PART II. Other algnificant co	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO										
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH							1 TYES 2 NO				
		···									
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:	0	26. PI	ACE OF DEATH (C)	neck only one)						
1 YES 2 NO	1 Xinpetient 2 - ER/Ou				8 Other (Specify)						
1 Netural 8 Pendir	28a. DATE OF INJURY (Month, Day, Year)		Y WC	PRK?	28d. DESCRIBE HOW	INJURY OCCUR	ED				
2 Accident Investi	gation	** ***		YES 2 NO							
3 Suicide 6 Could 4 Homicide daterm		•	281. LOCATION (Street and Number or Fural Route Number, City or Town, State)								
ene)	G PHYSICIAN: To the best of my kno EXAMINER: On the basis of examinati						ause(a) and manner as stated.				
	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED										
KOM	in him)		0147	Q q	11	18/01				
30. NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Pr	int)	,		1	170				
K5MATH	en, 6519	ECVILVAMENTURE ASON-PANDER	LORTH	FUR	21450	-DAC	€ W950373				
JAN 29 '9	O Julia Davi	dson-Randell									

nsit permit. Pages 1, 2, 3 should

completely ial, cremati event, 1		resulting in death)	s	DUE TO (OR AS A CONSE	OUENCE O	C .
n certificate be executed ending physician and con Hygiene prior to burial, or other traumatte et	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b c d	DUE TO (OR AS A CONSE	eouence o	C 4 F):
e law requires that the has been signed by the Dept. of Health and M	PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 M NO	н	DSPITAL:		OTI
TTENDING STOR: After after death 28 is ma	ED BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined		Inpetient 2 ER/Outpetient 26s. DATE OF INJURY (Month, Day, 'bar) 28s. PLACE OF INJURY — At h building, etc. (Specify)	26b, TIM	JURY
TO THE FUNERAL DIRECTOR TO THE FUNERAL DIRECTOR DE filed within 72 hours IMPORTANT: If Item	TO BE COMPLET	constant only	R: O	: To the beat of my knowledge, d in the basic of examination and/or	r Investigati	on, in n
20		Willi 31. DATE FILED (Month, Day, Year)	am	D. Boyd, M.D.		II
		JAN 10 30		Silia Davidson-A	anavac	ø

							(90 03407
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN REG. NO.	E	
	1, DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5		USTINE			Jan. 12,	1990	11:57 A. M
	The state of the s	SEX 6. AGE (In yrs. 59		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	(BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give afree)		rna.	Oh CITY TOWN O	OR LOCATION OF E	03-13-30	9c, COUNTY	ARYLAND
Œ		's Hospital	ľ		onardto			ARY'S
DIRECTOR	RESIDENCE OF DECEDENT	a nospiteri				ATT	32.01	* E(1, 0) []
RE	106. STATE 106. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MD ST. N	IARY"S		HOLLYWO				1 YES 2X NO
FUNERAL	Rt. 1 BOX 124				ZIP CODE			OF WHAT COUNTRY?
N		. WAS DECEDENT EVER IN U.S.	ARMED		0636 Endent of Hispa	ANIC ORIGIN? (Specify Yee	U.S	
T.	. C married - W married	FORCES? 1 YES 24 IF YES, GIVE WAR OR DATES	NO	If yes, sp		an, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:
E	3 Widowed 4 Divorced				X		-	HIVE
£	15. DECEDENT'S EDUCAT (Specify only highest grade cor	npleted)	OECEDENT'S to (Give kind of willife, Do NOT use	OSUAL OCCUPATION OF MORE DONE OF THE PROPERTY	ON st of working	16b. KIND OF BUS	INESS/INDUST	RY
		Ollege (1-4 or 5 +)		ALESMAN		BAKT	NG COM	DANTV
COMPL	12TH GRADE 17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden		LANI
	HENRY J. GUY					A. BOWLES		
) BE	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town	n, Stata, Zip Coo	le)
2	CECELIA A. GUY		RT. 1	BOX 124	, HOLLY	WOOD, MD.	20636	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remova	I from State other	place)	ITION (Name of cer		20c. LO	CATION - City	or Town, State
	4 Donalion 6 Other (Specify)	CHAR	LES ME	MORIAL (LEO	VARDIO	WN. MD.
	La O O P	L 1 .		MATTI	NGLEY-GA	ARDINER FUN	ERAL HO	OME. P.A.
	1/ retroel 1/4	Jardiner				LEONARDTO		
	23. PART I/Enter the diseases, or con shock, or heart failure. Lie	iplications that caused the tonly one cause on each II		ot antar tha mo	de of dying, su	ch as cardisc or respi	ratory arrest	Approximats Interval Between
	IMMEDIATE CAUSE (Final disesse or condition	A ==	0 .	0	-	01	~	Onset and Dasth
	resulting in death) s	DUE TO (OR AS A CON	1 has	Liture	ende	level fr	loros	en 4125
-		17 0	e 1	r Hanad er i	/ Rosa	trul fe	Fa.1.	ar
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	SEQUENCE OF); (2102019	1 24161	
S	cause. Enter UNDERLYING CAUSE (Disease or Injury							
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SECUENCE OF):				
CER	d							
	PART II. Other significant conditions of	ontributing to death but no	t resulting is	n the underlyin	g cause given i	n Part I. 24s, WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL						1 _ YES 2		COMPLETION OF CAUSE OF DEATH?
ME								1 TES 2 NO
ä								
PHYSICIAN:		IOSPITAL:		26. PI	LACE OF DEATH (C	Check only one)		
1YS	1 YES 2 NO 1	Inpatient 2 ER/Outpatient 26s. DATE OF INJURY	3 DOA			8 Other (Specify)	MARK DOCUM	
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	YES 2 NO	28d. DESCRIBE HOW I	NJUHT OCCUR	EU
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At	home, ferm, a			28f. LOCATION (Street	and Number or I	Rural Route Number,
TED	4 Homicide determined	building, etc. (Specify)				City or Town, State)		
COMPLET	296. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge,	death occurre	d at the time, date	end place, and de	ue to the cause(e) and man	vner as stated.	
OM	anal	On the basis of examination and/						suse(e) and manner se stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE N	UMBER	29d. DATE SI	GNED (Month, Day, Year)
0 8	Son 18m	mon			13/4	285	D 1/	112/90,



Leonardtown, Md. 20650

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CEI	RTIF	ICATE OF	DEATH		REG. NO.			
1. OECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH		3.	TIME OF DEATH
PAUL LEE GLAZE		JÄ	TUARY I	۶, 199	OR	0100				
4. SOCIAL SECURITY NUMBER	5. SEX (s. AGE (In yrs. last t	birthdav)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7 017	C OF BURTH		BIRTHPL	ACE (State or Foreign
235327108	1 📉 M 2 🗌 F	65	YRS.	MONTHS DAYS	HOURS MIN.	07,	29/924		Country)	IRGINIA
9a. FACILITY NAME (If not institution, give s SACRED HEART HOS				96. CITY, TOWN C	ERLAND,			OF DEAT		
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	~		10- CIT	Y, TOWN OR LOCAT	1011					
	IERAL			T. ASHBY					- 123	d. INSIDE CITY LIMITS?
10e, STREET AND NUMBER					ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
PAINTER'S HOLLO	W				26719			USA		
11, MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 NO		If yes, ap	ENDENT OF HISE ecify Cuben, Mex 2 X NO Spe	ican, Puert			American Indian, hite, etc.	
15. DECEDENT'S EDU		18a. DECE	EDENT'S	USUAL OCCUPATION	ON	1	Bb. KIND OF BUS	SINESS/INDUS	TRY	MIIIIE
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give	kind of Oo NOT u	work done during mo se retired.)	at of working					
UNKNOWN	College (I-4 or 5+)	E1 C	CTD	ICIAN'S	HELDED		B & 0	DATIDO	AD	
17. FATHER'S NAME (First, Middle, Last)			LIK	ILIAN S		NAME (First	, Middle, Malden		AU	
JACOB GLAZE					SARAH		(UNKNO	WN)		
19a, INFORMANT'S NAME (Type/Print)		19b.		ADDRESS (Street a					de)	
DAVID GLAZE). Box 2			, WV	26719		
20a METHOD OF DISPOSITION 1 ABurial 2 Cremetion 3 Ren	noval from State	20b. PLACE OF	F DISPO	SITION (Name of cer	netery, crematory o	OF T		CATION City		
4 Donation 8 Other (Specify)		<u> </u> - -	ASH	BY CEMET	ERY		F	T. ASH	BY,	WV
21. SIGNATURE OF FUNERAL SERVICE LI	lochurch	,		FT.	ASHBY F BOX 12	UNER/	AL HOME	, INC.	267	10
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated svents resulting in death) LAST B. CARDIO (ENIC SHOW) DUE TO (OR AS A CONSCOUENCE OF): CARDIO MYNPATTY DUE TO (OR AS A CONSCOUENCE OF): CORO MARY ALTERY DISEASE DUE TO (OR AS A CONSCOUENCE OF):										
PART II. Other eignificant condition AS REST SERSIC RENAL		In the underlyin	g cause given	In Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 🖾 YES 2 🗌 NO			ERE AUTOPSY FINDINALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 XNO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	26. P	ACE OF DEATH	Check only	one)			
1 TYES 2 X NO	1 Xinpetient 2 🗆	ER/Outpetlent 3		4 - Nursing Hon	e 5 🗆 Residenc	8 D Ot	her (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF II (Month, Day		28b. TIN	JURY WO	URY AT DRK? YES 2 NO	28d. D	ESCRIBE HOW I	NJURY OCCU	RED	
2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF building, at	INJURY — At hom tc. (Specify)	e, ferm,	street, factory, offic			OCATION (Street a ty or Town, State)		Rural Rou	e Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN										nd manners or the
		The state of the	· · · · · · · · · · · · · · · · · · · ·	and any observed, t			- or or proton, an			
29b. SIGNATURE AND TITLE OF CERTIFIE	ER				29c. LICENSE			29d. DATE S	IGNED (M	onth, Day, Year)
Israhm		T. Francisco			D2690)/		11/	1190	
DR. SIDHU, HA				i, r-rimi)						

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DHMH-16 Rev 1/89

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	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) CLARK E.	GABBERT		98.33			20	2. DATE MONTO			YEAR	TIME OF DEATH 1:21A M
	4. SOCIAL SECURITY NUMBER 232–54–0539	5. SEX 6. AGE	(In yrs. lest birthday) 54 YRS.	IF UNDER	DAYS	IF UNDER	MIN.	(Mont)	OF BIRTH 1, Day, Year) 1-1936		Country)	ACE (State or Foreign Virginia
OR	99. FACILITY NAME (If not institution, give MONTGOMERY GI	· ·	ITAL	9b. CITY	,	OLNE		ATH		9c. COUN MONT	GOME	
DIRECTOR	10a. STATE 10b. COUNT Virginia Free	derick		r, town o	OR LOCAT	ION						Dd. INSIDE CITY LIMITS? TYES 2 V NO
	10e. STREET AND NUMBER			ле	101	ZIP CODE				12.191	EN OF WH	AT COUNTRY?
BY FUNERAL	Post Office B	N U.S. ARMED 2 NO ATES		If yee, sp		F HISPAN	n, Puerto	i? (Specify Yee Rican, etc.)		USA 14. RACE - Black, V Specify: Whi	American Indian, Vhite, etc.	
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementery/Secondary (0-12)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	during mo	st of workin	g	16t	. KIND OF BUS		USTRY		
COMPI	12 17. FATHER'S NAME (First, Middle, Last)	2	Insura	18. MOTHER'S NAME (First, Middle, Me							Field	
TO BE	C. Edward Gabb	ert				nd Number	or Rural I	Route Num	er Gabl	n, State, Zip		0544
	Larry Fultz Post Office Box 117, Capon Bridge 20e. METHOD OF DISPOSITION 1X) Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Opper (Specify) 20e. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Capon Chapel Cemetery Capon									CATION — C	City or Town	
	4 Donetlon 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LI	Capon (NAME A		FUN		HOME	00n B 0011	ridge	, WV 26711	
	23. PART /. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in death) s. OUE TO (OR AS A CONSEQUENCE OF):										Approximate interval Between Onset and Daath	
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	c	A CONSEQUENCE O		7	13	المعدا	el.				
PHYSICIAN: MEDICAL C	PART II. Other significant condition	In the u	nderlyin	g ceuse (jiven in	Part i.	24a. WAS AN PERFOI 1 TYES	RMED?	å	FERE AUTOPSY FINDINGS WALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:	ACE OF D						
	1 YES 2 X NO 27. MANNER OF DEATH 1 X Natural 5 Pending	1X Inpatient 2 ☐ ER/Out 28e. DATE OF INJURY (Month, Day, Year)	28b. TH		28c. IN.	URY AT			SCRIBE HOW	INJURY OCC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	Y — At home, farm,	M 1 YES 2 NO					CATION (Street or Town, Stete		or Rural Roi	rte Number,	
COMPLET	Conson only	SICIAN: To the best of my know IER: On the basis of examinate										and menner ee stated.
10 BE	SIGNATURE AND TITLE OF CERTIF	Hus				29c. LICI	ENSE NUI	MBER		29d. DATE	19 C	fonth, Day, Year)
	30. NAME AND ADDRESS OF REES IN W	HO'COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)						/	1 7	7
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		. /					- 4			12/

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de has find within 70 hours after death with the State Bent of Health and Mental Houses bird to build cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
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	FOR	OTATE OF M	ADVI AND /	DEDAG		- 0- 1					9	0 0341
	1 - STATE REGISTRAR	STATE OF M	AKYLANU /	UEPAI ERTIF	ICAT	I UF H	DEATH	אטא ו	TENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		10.020	3. TIME OF DEATH
	NAOMI N	GUDG	ER						MONTH	18	90	1030 P.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)		R 1 YEAR	IF UNDER 24	-	7. DATE OF BIRTH (Month, Day, Year	1	8. BIRT	HPLACE (State or Foreign
	578-58-6840	1 M 2 F	47	YRS.	MONTHS	DAYS	HOURS	MIN.	11/18/	42	000	"N.C.
	9a. FACILITY NAME (If not institution, give s										UNTY OF	
5	HOLY CROSS /	SS HOSPITAL STLVER SPRING MINT										MORY
DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CI1	ry, TOWN	OR LOCAT	ION					10d. INSIDE CITY
DIR	MO F	G.		CS.	PPRY	e m	ARL					LIMITS?
	10e. STREET AND NUMBER				70,		ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?
ER	11/11 CRANFO	ND DI	2.				20	77	2		US	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13.				C ORIGIN? (Specify		14. RAC	CE — American Indian, ck, White, etc.
BY F	1 Never Married	IF YES, GIVE W		10			2 NO		, Puerto Ricen, etc.)			BLACK
E0 B			1					_				DUACK
E	15. DECEDENT'S EDU- (Specify only highest grade	completed)	(Gi	ive kind of	work done use retired.)	durina mo	on at of working		16b. KIND OF	BUSINESS/II	NDUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		mage					Privat	to	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			1.30	ulage	~-	18. MOTHER	R'S NAM	AE (First, Middle, Mei			
	Jonas Winslow Nec	elv							hy Picke	,		
BE (19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	3 ADDRES	S (Street a			oute Number, City or		Zip Code)	
5	Pamela Shorter		4	130 3	37th	Plac	e Was	h.,1	D.C. 200	19		
	20a. METHOD OF DISPOSITION Solution Comment Comme	ound from State		OF DISPO			netery, cremeto				- City or T	Jaryland
	4 Donation S Other (Specify)	Over ITOM State			ill (Ceme	terv					
	31. SIGNATURE OF FUNERAL SERVICE LIC	()	000	1								eral Home yland 20785
	23. PART/L/Enter the diseases, or shock, or heart failure.	Emplications that	caused the de se Dn each line	eth. Do								Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Resp	OF AS A CONSEC	4	Fa	ilu	re					Onset and Death
		DUE TO	OR AS A CONSE	OUENCE C	OF):		- 1					Mustectum
O	Sequentially list conditions, Due to (or as a consequence of):										8 1103	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	502 10 (ON AS A CONSE	ODENCE C	,, _j .							į –
FIC	CAUSE (Disease or Injury that initiated events	c. DUE TO	OR AS A CONSE	OUENCE C	OF):							
H	resulting in death) LAST	d										
Ξ.	PART II. Other significent condition	e contributing to	deeth but not r	anultina.	In the u	n da da la	e sauss alv	ion In I	Book I De- Mae	AN AUTOPS	v T.,	L HERE LITERAL ENIONIOS
PHYSICIAN: MEDICAL	THIT II. SHOT SIGNIFICANT CONDITION	e contributing to	death but not i	esuiting	in the ti	iideriyiii	g cause giv	WII III 1		FORMED?	1 29	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
ä									1 D YE	3 2 PNO		OF DEATH?
Σ									-			1 TYES 2 TNO
AN	25. WAS CASE REFERRED TO MEDICAL					26 0	LACE OF DEA	TH /Cho	at act act			
2	EXAMINER?	HOSPITAL:	E040-4-44-4 0		OTHE	R:						
HYS	27. MANNER OF DEATH	28a. DATE OF		28b. TI	_		URY AT	dence	6 Other (Specify) 28d. DESCRIBE HO	W INJURY O	CCURED	
	1 Natural 8 Pending	(Month, De	ly, Year)	IN	JURY		YES 2 1	NO	A THURSDAY			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	F INJURY — At ho	ome, ferm,	atroot, for	tory, offic			28f. LOCATION (Str		per or Rural	Route Number,
COMPLETED	4 Homicide 8 Could not be determined	building,	etc. (Specify)	1	V. P	*			City or Town, S	tate)		
PLE	29a. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the best of	my knowledge, de	eth occur	red at the	time, data	and place, as	nd dua	to the cause(a) and	manner aa s	tated.	
MC	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
E C	29b. SIONATURE AND TITLE OF CERTIFIE						29c. LICENS	SE NUM	BER	29d. D	ATE SIONE	ED (Month, Day, Year)
8	Cara I	Havis	- MC)			D	34	1010	•	1/19	190
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH ATE	M 273 /Ten	o Delett		-			_		

WAS CASE REFEREXAMINER?	NO MEDICAL	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA	OTHE	26. PLACE OF DEATH (C R: irsing Home 5 - Residence				
MANNER OF DEA	8 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIR	ME OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED			
Sulcide Homicide	8 Could not be determined	28s. PLACE OF INJURY — At ho building, etc. (Specify)	me, ferm,	atreet, fac	ctory, offica	281. LOCATION (Street and Number or Flural Floute Number, City or Town, State)			

Cara L Havis MD	D34010	► 1/19/9D
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	4	17

Old Branch Ave Temple Hills MD

DHMH-18 Rev 1/89

	1 - FOR STATE REGISTRAR	STATE OF I				E OF I				EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	DEATH	v	YEAR 3	. TIME OF DEATH
	Margie R		Gore						Januar		.199		9:38A.M.
	4. SOCIAL SECURITY NUMBER				in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF B	HRTH		8. BIRTHPL Country)	ACE (State or Foreign
	216-10-3567	1 🗆 M 2 💢 F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	06 15			Mary.	land
	9a. FACILITY NAME (If not institution, give s		9b. CITY, TOWN OR LOCATION OF DEATH 9c. CO							NTY OF DEA			
NC.	Memorial Hospita		Ea	ston						Tall	oot		
DIRECTOR	RESIDENCE OF DECEDENT												
H					OR LOCATIO	ON						Dd. INSIDE CITY LIMITS?	
	Maryland Tal		E	ast		ZIP CODE						XYES 2 NO	
RA		201 Federal Street											
FUNERAL	201 Federal St							601				.S.A	
	1 Nover Married 2 Married	12. WAS DECEDER FORCES?	YES 2X		13.	If yes, spec	Ify Cuba	n, Mexica	NIC ORIGIN? (S _i in, Puarto Rican		or No-		- American Indian, White, atc.
ВУ	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE	MAR OR DATES			1 YES 2	XNO	Specif	y:			Specify:	ite
0	15. DECEDENT'S EDU					OCCUPATION			18b. KIN	D OF BUS	INESS/INC		100
	(Specify only highest grade	College (1-4 or 5	- IN	Give kind of le. Do NOT u	work done se retired.)	during most	of workin	g					
PL	7			amst	res	s			und	derg	garm	ent .	industry
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	HER'S NA	ME (First, Middle	e, Maiden	Sumame)		
EC	John Thomas Cr	reighto	n				Lou	ise	Eliza	abet	h T	olle	У
0	19a. INFORMANT'S NAME (Type/Print)			9b. MAILIN	GADDRES	S (Street and	d Number	or Rural	Route Number, C	Ity or Town	n, State, Zip	p Code)	
10	Sarah E. Cross	5		P O	Box	13	Qu	een	stown	MI	2	1658	
	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	/17/90	20b. PLACE other p	E OF DISPO	SITION (N	lame of ceme	etery, cren	natory or		20c. LO	CATION —	City or Town	i, Stota
	4 Donation 5 Other (Specify)	OVER HOW OTHER	Gree		wn	Ceme	ter	У		Car	nbri	dge,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				. NAME AND							
	JOHN R.	MERCE	7-)						eral 1		9		
	23. PART I. Enter the diseases, or	complications the	at caused the d	leath. Do					rylan		ratory an	rest,	Approximate
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final											Interval Between Onset and Death	
	disease or condition resulting in death) e. Cardiacorrest												
	DIM TO (OR AS A CONSEQUENCE OF):												1
z	Alkarosclanosis												
9	Sequentially list conditions, If any, leading to immediate												
CA	CAUSE (Disease or Injury												
E	that initiated events	DUE TO	(OR AS A CONSI	EOUENCE (OF):								
CERTIFICATION	resulting in death) LAST												
	PART II. Other algnificant condition	na contributing to	death but not	resulting	In the u	inderlying	cause s	given in	Part I. 24e		AUTOPSY		PERE AUTOPSY FINDINGS
CAL		_								PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
ED									— [''	YES 2	X NO		F DEATH?
2									- 1				163 2 10
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL					26. PL/	CE OF D	EATH (C/	heck only one)				
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient	3 X DOA	OTHE		5 □ B:	sidence	8 Other (Sp	necify)			
H	27. MANNER OF DEATH	28a. DATE O	F INJURY	28b. TII	ME OF	28c, INJU	RY AT		28d. DESCRI	_	NJURY OC	CURED	
7	1 X Natural 5 Pending Investigation	(Month,	Day, Year)	IN.	JURY	1 V	IK? E\$ 2 [NO					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY - At I	home, farm,	street, fe	ctory, office			281. LOCATIO		and Numbe	or Rural Ro	ute Number,
TE	4 Homicide detarmined	Dunding	, atc. (Specify)						City or ic	wn, Stata)			
ш	AAA CERTIFIED												
7	29a. CERTIFIER XIX CERTIFYING PHYS	ICIAN: To the best o					and pieces	,		al derive contra			
MPL	(Check only NIA CERTIFTING PHYS			r investigat	lon, in my	opinion, de	ath occu	red at the	lime, data and	place, an			and manner as stated.
COMPLETED	(Check only one) 2 MEDICAL EXAMINI	ER: On the basis of		r investigat	lon, in my	opinion, de				l place, an	d due to t	the cause(a)	and manner as stated.
BE COMPLI	(Check only NIA CERTIFTING PHYS	ER: On the basis of		r investigat	lon, in my	opinion, de	29c, LIC	ENSE NU	MBER	l place, ar	d due to t	the cause(a)	Month, Day, Year)
	(Check only 1/1/10 CERTIFYING PHYS 019) 2 MEDICAL EXAMINI 29b. SIGNATURE AND THE OF CHILD	ER: On the basis of	exemination and/o	TEM on G	. 0-1-1		29c, LIC	ENSE NU		l place, an	d due to t	the cause(a)	
BE	(Check only One) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CENTURE 30. NAME AND ADDRESS OF PERSON WI	ER: On the basis of	exemination and/o	TEM on G	. 0-1-1		29c, LIC	ENSE NU	MBER	I place, an	d due to t	the cause(a)	Month, Day, Year)
BE	(Check only 1/1/10 CERTIFYING PHYS 019) 2 MEDICAL EXAMINI 29b. SIGNATURE AND THE OF CHILD	ER: On the basis of	exemination and/o	TEM 27) (Typ	e. Print)	opinion, de	29c, LIC	ENSE NU	MBER	I place, an	d due to t	the cause(a)	Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CLITTIC	ATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
Ferdinand		GRECO		01 17	90	7:16P M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
199-34-0062	1 XM 2 F	79 YRS. MC	ONTHE DAYS HOURS MIN.	(Month, Day, Year)	Cou	intry)
9a. FACILITY NAME (If not institution, give	41		b. CITY, TOWN OR LOCATION OF D	JAN. 6, 19	9c. COUNTY OF	TALY
		1"		EAIN	SC. COUNTY OF	DEATH
DOCTORS HOSPITAL	OF LANHAM		LANHAM		PRINCE	GEORGES
10a. STATE 10b. COUNT	Υ	10c, CITY, 7	TOWN OR LOCATION			10d. INSIDE CITY
						LIMITS?
10e, STREET AND NUMBER		WASH.	INGTON, D.C.			1 TYES 2 NO
			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
4221 12th PLACE,			2	20017	USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic		or No- 14. RA	CE — American Indian, ack, White, atc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR DR D		1 YES 2 ND Specia		1	oc//y: WHITE
**	<u> </u>					***************************************
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US (Give kind of work	UAL OCCUPATION k done during most of working etired.)	16b. KIND DF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n	etired.)			
6		SHOEMAKE	₹	SHOEMAK	ING COM	PANY
17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	AME (First, Middle, Malden S	Surname)	
DOMENICO GRECO			IS	ABELLA GA	LLO	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AT	DDRESS (Street and Number or Rural			
CATHERINA FISCHE	R (DAUGHTER)	11610 7	VIERS MILL ROAL	MHEATON	MADVIA	NID 20002
200 METHOD OF DISPOSITION	, , , , , , , , , , , , , , , , , , , ,		ION (Name of cemetery, crematory or		ATION — City or	
1 X Burial 2 Cremation 3 Ran	novel from State	other place)				
4 Denation 5 Other (Specify)		ATE OF HEA	AVEN CEMETERY		ER SPRI	NG, MARYLAND
21. BIGNATURE OF PUBLISHAL BEHVICE LI	CEMBER // "	//	FRANCIS J. COL		AT HOME	TNC
· Cutt 2	1 4	2				
23 PART I. Enter the diseases, or	complications that course	d the death. De not	500 UNIVERSITY			
	List pniy one cause on e		enter the mode of dying, suc	in se cardiec or respi	atory strest,	Approximats interval Between
IMMEDIATE CAUSE (Final	1 1					Onne A and Death
disesse or condition		No.	1			Onset and Death
	· Acade	Red is ato	un Failur			Onset and Death
resulting in death)	O. TO OR AN	A CONSEQUENCE OF):	my failur	2		Onset and Death
resulting in death)	D.	The state of the s	my failur	C		Onset and Death
resulting in death) Sequentially list conditions,	a Phence	The state of the s	ny failur	2		Unset and Death
resulting in death)	DUE TO (DR AS	A CONSEDUENCE OF):		e danda		Unset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (DR AS	A CONSEDUENCE OF):		deade_		Unset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS C. DUE TO (DR AS	A CONSEDUENCE OF): A CONSEDUENCE DF):	this leng d	deade	1	Unset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (DR AS C. DUE TO (DR AS	A CONSEDUENCE OF):	this leng d	deade de Aspira	deris	Unset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (DR AS c. Chromic DUE TO (DR AS d. Musch W	a CONSEDUENCE OF): A CONSEDUENCE DF): Lakuess	this long do	Decede		CAb. WERE AUTOPSY FINDINGS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (DR AS c. Chromic DUE TO (DR AS d. Musch W	a CONSEDUENCE OF): A CONSEDUENCE DF): Lakuess	this long do	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (DR AS c. Chromic DUE TO (DR AS d. Musch W	A CONSEDUENCE OF): A CONSEDUENCE DF): Lakuess	this long do	Decede	MED?	24b. WERE AUTOPSY FINDINGS
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helia Davidson Randope

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 27208-3146	ed by the hospital or, attending physician.	uld be described for use as the burial-transit permit. Pages 1, 2, 3 should	ed at once.
•	precuted within 2- mours after death. Page 6 may be retain	and completely filled in by the funeral director, page 5 short	natic event, the medical examiner must be notified
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within is mount after death. Page 6 may be retained by the mayneab or are within the control of the contr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be desired for use its the burial-transit permit. Pages 1, 2, 3 should be desired for use after death with the State Dent of Health and Mental Humber ends to burial cremation or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Lest) JAME	S ROBERT		GRAY		2. DATE OF DEATH MONTH 18-9		3. TIME OF DEATH 6:01PM M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday	IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) DEC . 29	1935	BIRTHPLACE (State or Foreign Country) MARYLAND	
OB	99. FACILITY NAME (If not institution, give street and number) FRANCIS SCOTT KEY HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY								
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND ANNI	ITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL (10e. STREET AND NUMBER P.O. BOX 969	10e. STREET AND NUMBER						OF WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	If yes		NIC ORIGIN? (Specify 1 an, Puerto Rican, etc.)	fee or No- 14.	RACE — American Indian, Black, White, etc. Specify: BLACK			
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind o	'S USUAL OCCUP f work done during use retired.)	NTION most of working	16b. KIND OF E	BUSINESS/INDUST		
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM H. GRAY 190. INFORMANT'S NAME (Type/Print)	MAR	AME (First, Middle, Meidle Y E THOM Route Number, City or 1	AS					
P	WILLIAM H. GRAY		29 W.	WASHIN	GTON ST.	ANNAPOLIS	, MD.	21401	
	20e. METHOD OF DISPOSITION 1 for State 2	H	other place) ILL CRES	T CEMET		A		S, MARYLAND	
	21, Signal upe of Funeral Service Lin	Reese, TI	7			E & SONS		21401	
		List only one cause on	each line.				piratory srrest	, Approximata interval Batween Onset and Desth	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Thermal injuries with complications Due to (or as a consequence of):							
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b DUE TO (OR AS			, <u></u>				
CERTIFICATION	CAUSE (Discess or injury that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	DF):					
4	PART II. Other significent condition	ns contributing to death	but not resultin	g in the underl	ying cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXX	
N: MEDIC						— INSF	ECTION	1 _ YES 2 _ NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1/L/LVES 2 \(\text{NO} \) NO	HOSPITAL: 1 Inputlent 2 ER/Out	Ipatient 3 🗆 DOA	I COTHED	NAME OF DEATH (CXXXX)				
ву РН	27. MANNER OF DEATH 1. Netural 5 Pending Accident Investigation	1 O O O O O O O O O O O O O O O O O O O	28b. 1	NJURY	INJURY AT WORK? YES 2XX NO	Victim	of hous		
8	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJUR building, etc. (Sp	ecify)	ing home		281. LOCATION (Street) City or Town, Street OWN	eto.)	Glen Burnie,	
COMPLET	Torroom orany	ER: On the basic of examination						ause(a) and manner ee stated.	
TO BE C	236. SIGNATURE AND TITLE OF CERTIFIE	Dalle.	AL	A	OCME	MISER		GNED (Month, Day, Mar) -19-90	
	30. NAME AND ADDRESS OF THE PARTY		E-TH (ITEM 27)47)	111 Pe	enn Street	,Baltimor	e,MD 21	201 vc	
	JAN 2 6 19	32. REGISTRAR'S SIG		90				OHMH-16 Rev 1/89	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital is	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / I		RTMENT				MENTAL	HYGIEN REG. NO.	E	90	03414
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE C	F DEATH			3. TIME OF DEATH
	ROBERT T	HOMAS	GRE	ENF'I	ELD				MONTH O]	07		990	4:21 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE O	F BIRTH		5. BIRTHP	LACE (State or Foreign
	577-56-2616	1 □X M 2 □ F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	June	Day, Year) 3 15, 1	910	Washi	ngton, DC
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY	, TOWN C	R LOCATIO	ON OF DE		-		NTY OF DEA	ATH
C	1220 Blair Mill	Road, #1	+07		Si	lver	Spr	ing			Mo	ntgom	ery
5	RESIDENCE OF DECEDENT				1								
RE	10a. STATE 10b. COUNTY				Y, TOWN C								IOd. INSIDE CITY
0	Maryland Mont	gomery		311	ver	-							YES 2 NO
BY FUNERAL DIRECTOR	1220 Blair Mill R					101	2091						Stetes
NE	11. MARITAL STATUS		T EVER IN H C ADM	ien.	12	WILE OF			HO ODICHH	(Specify Yea			- American Indian,
F	1 Never Married 2 Married	FORCES? 1	TEYER IN U.S. ARM	0		If yes, sp	ecify Cube	n, Maxicer	n, Puerto Ri	can, stc.)	OF 140-	Black,	White, stc.
	3 Widowed 4 Divorced	World W				1 🗌 169	2 💢 NO	Specify	·:			Specify.	lack
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S	Work done	CCUPATIO	ON st of working	N7	16b.	KIND OF BUS	INESS/INC	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	He.	Do NOT u	se retired.)	duning mo	or or worker	w		n			100
MP	12		Te.	ller	`					Bank			
8	17. FATHER'S NAME (First, Middle, Last)						10			iddle, Malden			
BE	Richard Edward G	reenfiel	d .				Ch	arlo	tte	Thomas	3		
10	19e. INFORMANT'S NAME (Type/Print)									or, City or Town			
	Avis Greenfield								, Was				20012
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem	loval from State	20b. PLACE O	(80								City or Tow	
	4 Donation 5 Other (Specify)	CENSEE	Mount	ULI			D ADDRE		CHIEV	was	sning	ton,	U.C.
		4/3 00			M	cGui	re F	uner	al S	ervice			100
		. / .											on, D.C.
	23 PART I. Enter the diseases, or shock, or heart fellure.	complications that List only one cau	t caused the dea	ith. Do	not enter	the mo	de of dy	ing, suci	h as cardi	ac or reapl	ratory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final												Onset and Death
	disease or condition												
CERTIFICATION	Sequentially list conditions, Due to (or as a consequence of):												
AT	If any, leading to immediate cause. Enter UNDERLYING				/*								
프	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEO	UENCE O	PF):								
FR	resulting in death) LAST	d.											
	BAST II Other elections condition		death had a star		1 41	4-4-1-							
CAL	PART II. Other algorificant condition None	na contributing to	death but not re	aulting	in the ur	nderlying	g ceuse (given in	Part I.	24a, WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
	Hone	·								1 [] YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
MED													1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN:	EXAMINER? 1 A YES 2 NO	HOSPITAL:			OTHE	B:			eck only one				
175	27. MANNER OF DEATH	25a, DATE OF	ER/Outpatient 3	28b. Til	_	alng Hom 28c. INJ		eldence	5 C Other	(Specify)	N. H.IBY OC	CHEE	
	1 Netural 5 Pending	(Month, D	lay, Year)	IN	JURY M	WO	PIC?	NO NO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		OUNED	1.00
ВУ	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE C	F INJURY — At hon	ne, farm,	atreet, fac				261. LOCA	TION (Street o	and Numbe	r or Rural Ro	ute Number,
COMPLETED	4 Homicide 6 Could not be determined	building,	etc. (Specify)						City o	r Town, State)			100
E	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge des	th conur	ted at the t	llma data	and place	and this	to the cour	o(a) and ma			
MP	(Check only one) 2 MEDICAL EXAMIN												and manner on stated.
	281 ATCHATURE AND TITLE OF BERTIFIE		Tooling	1000									
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2	26. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CALL	SE OF DEATH STEM	277700	a Print1	=	DO	9975				NT/ 00	790
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0	John S. Rogers, 31. DATE FILED (Month, Day, Year) 31. 1 8 '90	M.D., 191		ary	Road	, Si	lver	Spr	ing,	Montg	omer	, MD	20910

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1 - FOR STATE REGISTRAR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first death. Page 6 may be retained by the retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last) MARGARET	GINN	2. D.		3. TIME OF DEATH						
1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday) IF UNDER 1 YE	AR IF UNDER 24 HRS. 7. DA	1 13 90 ATE OF BIRTH 8.	BIRTHPLACE (State or Foreign						
	2/3.22-9740 10 M 2 X) F	A A MONTHS DA	TS HOURE MIN.		Country) Md.						
TOR	9a. FACILITY NAME (If not institution, give street and number) Peninsula General Hospi RESIDENCE OF DECEDENT	Sali	sbury	9c. COUNTY Wicon							
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LO	1 Av.L.		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER R. J. Bx. 118 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? 21851 USA										
₽	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Hyes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Hyes, specify Cuben, Mexican, Puerto Rican, etc.) 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Hyes, specify Yea or No										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	16a. DECEDENT'S USUAL OCCUI (Give kind of work done durin life. Do NOT use retired.)		Beautifus	TRY						
ш	17. FATHER ENAME (First, Middle, Last) Harrison Purnell Lauline, Rous ley										
examiner must be notified TO BI	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Toyrn, State, Zip Code) R. L. L. B. L. I. B. Pacomoke City, Md. 21851 206. METHOD OF DISPOSITION 206. PLACE OF DISPOSITION (Name of cornelarly, crematory or 206. LOCATION — City or Town, State										
r must	20e. METHOD OF DISPOSITION 1 St Burlal 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	20b, PLACE OF DISPOSITION (Name of other place) leck Cem	Pocomoke 1	Md. Pocomo	se Md.						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Damuel H. Laway	U Sau	E AND ADDRESS OF FACILITY	f. S. Bx. 44	zh V. 23415						
event, the medical	23. PART I. Enter the diseases, or complications to ahock, or heart failure. List only one of IMMEDIATE CAUSE (Final disease or condition resulting in death)		_		Interval Between Onset and Death						
ry, or other traumatic CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CI	PART II. Other algorificant conditions contributing MULTIPAE M DEED VEIN	to death but not resulting in the under	iying cause given in Part	24e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
99	THROMBOCY TO 25. WAS CASE REFERRED TO MEDICAL	DIDENIA, ANE	6. PLACE OF DEATH (Check on	ly one)							
SIC SE	EXAMINER? 1 YES 2 NO 1 INTERPRETAL:	OTHER:	Home 5 - Residence 6 -	Other (Specify)							
marked, or item 23 BY PHYSICIAN	12 Natural 5 Pending	OF INJURY 26b. TIME OF 18c. (1997) 28c. (1		DESCRIBE HOW INJURY OCCUP	RED						
28 IS	2 Accident Investigation 3 Suicide 6 Could not be determined 26s. PLAC	E OF INJURY — At home, farm, atreet, factory, g, atc. (Specify)	office 26f.	LOCATION (Street and Number or City or Town, State)	Rural Route Number,						
IMPORTANT: If Item 2 O BE COMPLET	condition only	of my knowledge, death occurred at the time, f examination and/or investigation, in my opini			cause(s) and menner sa stated.						
TO BE	20b. SIGNATURE AND TITLE OF CERTIFIER	Mo	29a, LICENSE NUMBER	5	29d. DATE SIGNED (Month). Dey, Year)						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED COMPLETED COMPLETED TO P. TRAVIT 31. DATE FILED (MONTH, PRIX 1964) 32. REGIST JAN 23 90 FURE JOSEPH J	AUSE OF DEATH (ITEM 27) (Typo, Print) L MO 560 RIVE THAN'S SIGNATURE WISSON-RANDOLL	RSIDE DR	UVE SAKIS	BURY MD						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITA TO THE FUNERAL DE filed within 72 IMPORTANT. II
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSI TO THE FUNE De filed withi

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1. DECEOENT'S NAME (Fin		ene						2. DATE	OF DEATH	AY	90	3. TIME OF DEATH
4. SOCIAL SECURITY NUA 215-09-82	60	1 🗆 M 2 🂢 F	6. AGE (In yrs. last 79	birthday) YR\$.		DAYS H	UNDER 24 HRS. DURS MIN.	(Mont	OF BIRTH h, Day, Year)		Country)	LACE (State or Foreign
9a. FACILITY NAME (N not St. Agnes RESIDENCE OF DE	Hospit	_				time	OCATION OF DE	ATH		9c. COUN	ITY OF DE	ATH
St. Agnes RESIDENCE OF DE	10b. COUNTY				r, town on a							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBE 6342 Eucli 11. MARITAL STATUS	•	16				10f. ZI	21227			10g. CITI	USA	HAT COUNTRY?
3 Widowed 4 Di	-	12. WAS DECEOENT FORCES? 1 [IF YES, GIVE WI	YES 2 AND	ED D	If ye	es, specif	Cuben, Mexica ANO Specifi	n, Puerto		or No—	Black, Specify	American Indian, White, etc.
(Specify of Elementary/Secondary	CEDENT'S EDUC nly highest grade (0-12)		(Giv	e kind of v Do NOT us		ing most o	f working		. KIND OF BU			A 2
												Admn.
190. INFORMANT'S NAME Victor C.	(Type/Print)						Number or Rural				Code) 21227	
20s METHOD OF DISPOS 1 Burlel 2 Cremes 4 Donation 5 Oth 21. SIGNATURE OF FIRST	lony 3 - Remo		other plac	00)	dge Me	mor	iny, cremetory or Lal Par ADDRESS OF FA			cation – c		
23. PART I. Enter the	ary	L. Ko	ufme	m	Ga 56	ary 1	L. Kauf Vain St	man reet	Elkr	idge	Md.	
shock, or iMMEDIATE CAUSE (F disease or condition resulting in death)	heart failure.	List only ona caus	DE ON EACH INA.	nA-		e moda	or aying, suc	n ss csr	diac or resp	iratory srr	est,	Approximate Interval Between Onset and Death
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediata YING jury	DUE TO (OR AS A CONSEO	UENCE O	F):						SI-10-1010-101	
PART II. Other signific	cant condition	a contributing to	death but not re	esulting	In the unde	erlying c	suse given in	Part I.	24s. WAS AN PERFOI 1 TYES 2	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PLAC	E OF OEATH (Ch	eck anly a	ne)			
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 [Pending	28e. DATE OF (Month, De		28b. TIM	E OF 26	Sc. INJUR WORK	8 Residence Y AT 7 2 NO	v	SCRIBE HOW	INJURY OCC	CURED	0.53
2 Accident 3 Suicide 8 4 Momicide 29e. CERTIFIER (Check only one) 2 ME	Could not be determined	28e. PLACE Of building,	F INJURY — At horate. (Specify)	ne, ferm,				28f. LO	CATION (Street or Town, State	and Number	or Rural Ru	oute Number,
29e. CERTIFIER (Check only one) 2 Mt		CIAN: To the best of										and manner se stated.
296. SIGNATURE AND TIT	LE OF CERTIFIE	R				2	9c. LICENSE NU	MBER		29d. DAT	e SIONED	(Month, Day, Year) 2-90
30. NAME AND ADDRESS	OF PERSON WH					Φ.						
31. DATE FILED (Month), DAN	5"90	32. REGISTRA	R'S SIGNATURE 2 Day ason	Rand	lalle				•			

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		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR		STATE OF I				F HEALTH A		NTAL HYGIEI REG. NO		9 0	03417
\$ SOLUTION NAME IF THE PRINCIPLE OF CORPORATION OF SOLUTION OF SOL	1 1	, Middle, Last)	Auni					2.	DATE OF DEATH		YEAR	
SEA COLUMN MARK (Fine Amendment) SEA COLUMN OF DELATE RECOUNT OF SEATH RECOUNT O	4. SOCIAL SECURITY NUMBER		5. SEX					HRS. 7. I	DATE OF BIRTH (Month, Day, Year)	902	8. BIRTHPI Country)	MODILE
Maryland Clinton	SOUTHERM	MAKY	11	088174	+1	9b. CITY, TOY	- 1	OF DEATH		9c. COUN	TY OF DE	
19. 21 Stuart Lane 19. 21 Stuart Lane 19. 21 Stuart Lane 19. MANUAL STUUS 19. MA	_	10b. COUNTY					OCATION				_	LIMITS?
11. MANUAL STATUE 12. NASS DECEDENT FURTH NELL S. AMED PRICES 1. VES 2 (200 gent)	10a. STREET AND NUMBER		ne								ZEN OF WH	IAT COUNTRY?
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Section Sect	(Specify on Elementary/Secondary (ly highest grade (0-12)	completed)	+)	(Give kind of w life. Do NOT us	vork done during se retired.)	PATION g most of working		in ve sat	JSINESS/IND		CK
196. MRJCHMS ADDRESS (Street and Number or Pural Place No. No. #701 Washington, DC 2 286. METHOD OF DISPOSITION 187 Burlet 2 Cremation 3 Removes from State 187 Burlet 2 Cremation 3 Removes from State 187 Burlet 3 Cremation 3 Removes from State 187 Burlet 3 Cremation 3 Removes from State 187 Burlet 3 Cremation 3 Removes from State 187 Burlet 3 Cremation 3 Removes from State 187 Burlet 3 Cremation 3 Removes from State 187 Burlet 3 Cremation 3 Removes from State 188 Burlet 3 Cremation 3 Removes from State 188 Burlet 3 Cremation 3 Removes from State 188 Burlet 3 Cremation 3 Removes from State 188 Burlet 3 Cremation 3 Removes from State 188 Burlet 3 Cremation 3 Removes from State 188 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Removes from State 198 Burlet 3 Re	17. FATHER'S NAME (First, A	ficidle, Lest)							First, Middle, Maide	n Surname)		
16 Burlet 2 © Chemation 3 Removal from State coher (pices) Harmony Memorial Park LandovermMaryland 21. SIGNATURE OF PUREAL 38WICE MORNEE W. H. Bacon Funeral Home 3447 14th Street, N. W. 22. PART I. Enter the diseases, or complicetions that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interval Between a condition cease on asch line. Interval Between Coher (Pice) 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interval Between Coher (Pice) Coher (Pice) 24. PART II. Other significant conditions, if evry, leading to immediate cause. Enter Wilder (Pice) Coher (Pice) 24. PART II. Other significant conditions contributing to death but not resufting in the underlying cause given in Part I. 24. PARS ANA ANTOPSY PERFORMED Coher (Pice) Coher (Pice) 25. WAS CASE of PARTED TO MEDICAL EXAMINENT AT Coher (Pice) Coher (Pice) 26. PLACE OF DEATH (Check only one) Coher (Pice) 27. MANNERO OF DEATH Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. DATE (Pice) Coher (Pice) 29. CERTIFIER Check only one) 28. DATE (Pice) Coher (Pice) Coher (Pice) Coher (Pice) 29. CERTIFIER Check only one) Coher (Pice)							eet and Number or	Rural Route	Number, City or To			on, DC 200
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, allows, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases, or complications) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or inplury) that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. NAS ANAUTOPSY PRICE ANAUTORY PERFORMED? 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. NAS ANAUTOPSY PRICE ANAUTORY PERFORMED? 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): d. 24b. NAS ANAUTOPSY PRICE ANAUTORY PERFORMED? 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): d. 24c. NAS ANAUTOPSY PRICE ANAUTORY PERFORMED? 1 YES 2 NO 1 YES 2 NO 25c. PLACE OF DEATH (Check only one) 25c. NAS CASH REPERTOR OF CAUSE OF DEATH (Check only one) 25c. NAS CASH REPERTOR OF CAUSE OF DEATH (Check only one) 25c. NAS CASH REPERTOR OF CAUSE OF DEATH (Check only one) 25c. NAS CASH REPERTOR OF CAUSE OF DEATH (Check only one) 25c. NAS CASH REPERTOR OF CAUSE OF DEATH (Check only one) 25c. NAS CASH REPERTOR OF CAUSE OF DEATH (Check only one) 25c. NAS CASH REPERTOR OF CAUSE OF DEATH (Check only one) 25c. NAS CASH REPERTOR OF CAUSE OF DEATH (Check only one) 25c. NAS CASH REPERTOR OF CAUSE OF DEATH (Check only one) 25c. NAS CASH REPERTOR OF CAUSE OF DEATH (Check only one) 25c. NAS CASH REPERTOR OF CAUSE OF DEATH (Check only one) 25c. NAS CASH REPERTOR O	4 Donation 6 Other	(Specify)		Ha:	rmony	22, NAM W .	H. Bac	of facility	uneral	Home		aryland
AAALABLE PRIOR 7 YES 2 NO NO COMPLETION OF CAUSE OF DEATH (Check only one)	ahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if eny, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	iona, diste	DUE TO	O (OR AS A CO	NSEOUENCE OF	∌ €0°2	mode of dying	Q	readiac or read	eller	est,	Approximate interval Between Oneet and Death
EXAMINENT YES 2 NO	PART II. Other significa	olyt	gen	daeth but n	not resulting i	For A	lying cause give	en in Pari	PERFO	PRMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the beside of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 29e. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) (Morth, Dey, Yeer) 1 VES 2 NO 28f. LOCATION (Street end Number or Fural Route Number, City or Town, State) 28f. LOCATION (Street end Number or Fural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Fural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Fural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, far	EXAMINER?	O MEDICAL		☐ ER/Outpaties	nt 3 🗆 DOA	OTHER:						
3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Vear) 20d. DATE SIGNEO (Month, Day, Vear)	1 Natural 5					URY	WORK?		d. DEȘCRIBE HOW	INJURY OCC	URED	
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	(Check only 1 CEH one) 2 MEC MEC MEC MEC MEC MEC MEC MEC MEC MEC	E OF CERTIFIER	R: On the besie of	examination en	d/or investigatio	on, in my opinio	on, death occured	E NUMBER	, date end place, o	and due to th	e cause(s)	
31. DATE FILED (Month, Day, Year) JAN 25 90 Jan 25 1	31. DATE FILED (Month, Day,	Year)	pro	AR'S SIGNATURE	FAE		35	26	C) An	_ /	Zel.	50346

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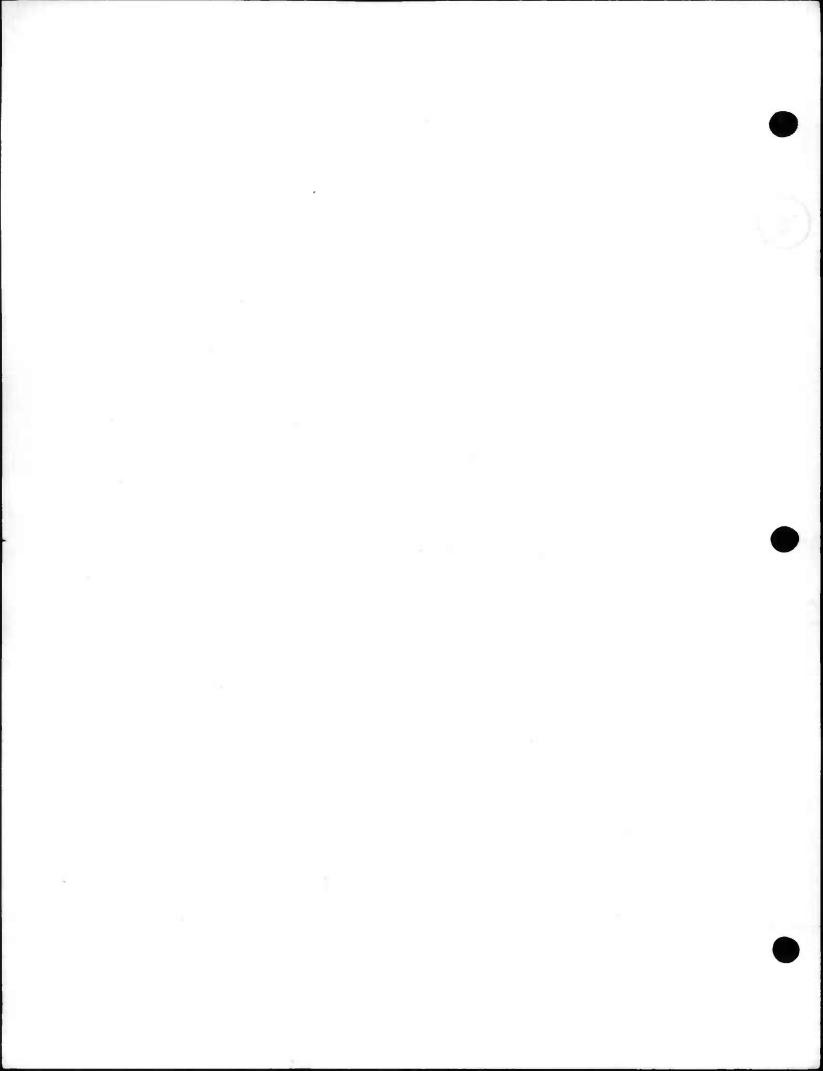
32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF N	ARYLAND /		TMENT				MENTA	L HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last) JUSTINE	e GA	BRIEK	,					2. DATE MONT	OF DEATH	20	YEAR	11:20 AM
	4. SOCIAL SECURITY NUMBER 578-07-7839	5. SEX	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Mont	OF BIRTH	190	8. BIRTHP	ningtonDC
OR	90. FACILITY NAME (If not institution, give st			0	9b. CITY	TOWN O	P LOCATI			,	9c. COU	TY OF DE	ATH O
DIRECTOR	Maryland Prince	e Georg	ge		y, town o		TION					- 1	INSIDE CITY LIMITS? YES 2 NO
X	10e. STREET AND NUMBER 9410 Tuckerman	Stroot					. ZIP COD	_					States
BY MED	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	IT EVER IN U.S. AR YES 2 1	MED		WAS DEC	ENDENT (OF HISPAN	n, Puerto	N? (Specify Yes Rican, etc.)			- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (6-12)		(Gi life.	ve kind of Do NOT u	USUAL Owork done	during mo	at of worki	-		. KIND OF BU			Electric
	12 17. FATHER'S NAME (First, Middle, Last) Urban		Cosh	ерп	one	ope	_	HER'S NA	_	Middle, Maiden		Mooi	
) BE	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRES	3 (Street a			Poute Nun	nber, City or Tow	n, State, Zip		
2	John A. Gabriel	(spous	e) 94						Sea	brook			
	1 X Buriel 2 Cremation 3 Rem.	oval from State	Mt. C	liv	et (ceme	eter	y y				gton	, D.C.
	21. SIGNATURE OF THERAL SERVICE LIC	EMER .	In		22. F	RENI	ON-	SS OF FA	E FU	JNERAI			D_20706
	23. PART J. Enter the diseases, prosphock, pr heart fallure.												Approximate Interval Batween Onset and Daath
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO	OR AS A CONSE	7/C	F):	CAI	2011	your	11				5 yr)
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Entar UNDERLYING CAUSE (Disease or Injury	b	(OR AS A CONSEC										
ERTIF	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE (F):								
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	a contributing to	death but not r	eaulting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN:	25, WAS CASE REFERRED TO MEDICAL												
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3	□ DOA	OTHE 4 Nu	R:	LACE OF E			er (Specify)			
ВУ РНУ	27. MANNER OF DEATH Natural 5 Pending Accident Investigation	28a. DATE Of (Month, I	FINJURY Pay, (Year)	26b. TII	ME OF JURY M	W	JURY AT DRK? YES 2 [] NO	28d. DE	SCRIBE HOW	A O	CURED	
8	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE (building	OF INJURY — At he , atc. (Specify)	ome, term,	street, fac	tory, offic	20		26f. LO C/fj	CATION (Street y or Town, State	and Numbe	f or Rural Ro	ute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE												and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Jela	cove.					SENSE NUI				I - 20	Month, Dey, Year)

6510 Kenilworth Ave, Riverdale, MD

(3)

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	RTIFICATE OF		REG. NO.	70-	03419
	1. DECEDENT'S NAME (First, Middle, Last) MARY A.	MARY A. GAT	res		OATE OF DEATH	YEA (9 9	
	4. SOCIAL SECURITY NUMBER 578-26-3563	5. SEX 6. AGE (In yrs. lest	YRS. IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. 7. D. HOURS MIN.	ATE OF BIRTH Month, Day, Year)	6. B	IRTHPLACE (State or Foreign outly)
OR	9a. FACILITY NAME (If not institution, give a	1.2	96. CITY, TOWN OF	R LOCATION OF DEATH		9c. COUNTY C	OF DEATH
ывестов	10a. STATE 10b. COUNT	v 100 t 50 MERV	10c. CITY, TOWN OR LOCATI	ON SOME NE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	100. STREET AND NUMBER	ANT STREET #		ZIP COOE	0		OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed Married	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES		ENDENT OF HISPANIC O city Cuban, Mexican, Pu 2 NO Specify:		r No 14. I	RACE — American Indian, Black, Whita, etc. Specify.White
ETED	Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	CEDENT'S USUAL OCCUPATION VIEW Mind of work done during mos Do NOT use retired.)	N at of working	at h		RY
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Sidney Mye			18. MOTHER'S NAME (Myer	S	
2	19a. INFORMANT'S NAME (Type/Print) Kathleen S. Kr	9005	MAILING ADDRESS (Street at 517 Oaklawr	nd Number or Rural Route 1 Ct. Sil	Number, City or Town, Ver Spr	State, Zip Code	MD. 20903
	20a. METHOD OF OISPOSITION 1	20b. PLACE Other place	of disposition (Name of com	netery, crematory or	20c. LOC	Lati	or Town, Stata
CATION	23. PART I. Enter the diseases, or	BURNEY ANCIP	eth. Do not enter the modern thick with A suence of:	de of dying, such as	cardiec or respira		Approximata interval Betwee Onset and Dec Science Science Known
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	UL HEAT (holase			1842
MEDICAL (PART II. Other significant condition	ns contributing to death but not r	regulting in the underlying	ceuse given in Par	I. 24a. WAS AN A	UTOPSY	
					PERFORM 1 PYES 2 [IED?	246. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [IV YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PL OTHER:	ACE OF OEATH (Check o	PERFORM 1 (F) YES 2 [IED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending	HOSPITAL: 1 M Inpatient 2 ER/Outpetient 3 28a. DATE OF INJURY (Month, Day, Year)	28. PL DOA 4 Nursing Home 28b. TIME OF 28c. INJI INJURY WO	ACE OF OEATH (Check o	PERFORM 1 (F) YES 2 [IED? □ NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [SV YES 2 NO
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 M NO 27. MANNER OF DEATH	1 1 Inpetient 2 ER/Outpetient 3 28a. DATE OF INJUSTY (Month, Day, Year)	28. PL DOA 4 Nursing Hom 28b. TIME OF WO 1 Y	ACE OF OEATH (Check of 5 Residence 6 USY AT 284	PERFORM 1 (N) YES 2 [Inly one) Other (Specify)	JURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [BY YES 2 NO
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 6 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	1 M Inpetient 2 ER/Outpetient 3 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At he	28. PL DOA 4 Nursing Hom 28b. TIME OF Sec. INJURY WO 1 V whene, farm, street, factory, office the occurred at the time, date	ACE OF OEATH (Check of 5 Residence 6 UNY AT RK? TES 2 NO 281 and place, and due to 1	PERFORM 1 (P) YES 2 [Other (Specify) 5. DESCRIBE HOW IN. City or Town, State)	JURY OCCURE In No JURY OCCURE In No In No JURY OCCURE In No JURY OCCURE In No JURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [57 YES 2 NO
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 [V] Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER AMAMAN	1 M Inpetient 2 ER/Outpetient 3 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At he building, etc. (Specify) SICIAN: To the best of my knowledge, de ER: On the basis of examination and/or ER H. Maulum M	26. PL DOA 4 Nursing Hom 26b. TIME OF INJURY M 1 V The part of the time, date investigation, in my opinion, di	ACE OF OEATH (Check of 5 Residence 6 UNY AT RK? TES 2 NO 281 and place, and due to 1	PERFORM 1 (P) YES 2 [Other (Specify) 5. OESCRIBE HOW IN. City or lown, State) The cause(a) and mann, deta and place, and	JURY OCCURE of Number or R our as stated. due to the ca	COMPLETION OF CAUSE OF DEATH? 1 [EV YES 2 NO
E COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 6 Pending Investigation 3 Suicide 6 Courld not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	1 M Inpetient 2 ER/Outpetient 3 28a. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — At he building, etc. (Specify) SICIAN: To the best of my knowledge, de	26. PL DOA 4 Nursing Home 26b. TiME OF INJURY M 1 V The part occurred at the time, date Investigation, in my opinion, di D M 27) (Type, Print) GENRGIA A	ACE OF OEATH (Check of a 5 Residence 6 December 28 Period of a 12	PERFORM 1 (P) YES 2 [only one) Other (Specify) 6. OESCRIBE HOW IN. City or fown, State) ne cause(a) and mane, data and place, and	JURY OCCURE of Number or R our as stated. due to the ca	AMAILABLE PRIOR 1 COMPLETION OF C OF DEATH? 1 [St YES 2 N



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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

	nedistriAn		CL		IVAL	_ 01	DLA		n	EG. NO.				
	DECEDENT'S NAME (First, Middle, Last) MARY	Agnes	GRIFFIN					Constitution of the Consti	2. DATE OF S MONTH JANUAR		199	AR T	OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	100 to 100 to	0.	al w	State or Foreign	
	002-10-7917	1 M 2 F	71	YRS.	MONTHS	DAYS	HOURS	MIN. 3	(Morning Day	17/1	6 0	w Ham		
	to FACILITY NAME (If not institution, give st	76	1 4	_	Oh CITY	TOWN (OR LOCATE	ON OF D	E MU		c. COUNTY) SILLE	
œ	THE JOHNS HOPK		TTAT				ORE C		DATE:					
DIRECTOR	RESIDENCE OF DECEDENT	INS HOSP	TIAL		DAL	TIME	KE C	TII			BALTI	MORE		
E C	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION				10d. INSIDE CITY LIMITS?			
5	Maryland Ann	e Arunde	7		Mi	1101	svil	70					IIT8? ES 2 💢 NO	
	10e. STREET AND NUMBER	C IL GIIGO			****	_	ZIP COD			10	a. CITIZEN	OF WHAT CO		
FUNERAL		T				- 1		211	100					
R.	11. MARITAL STATUS	ages Dri	VE NT EVER IN U.S. ARI		1.0			-				S. A.		
5.4	1 Never Married 2 Married	FORCES?	YES 2 N			If yes, sp	ecify Cubs	n, Mexico	NIC ORIGIN? (S) m, Puarto Ricer		NO- 14.	RACE — Amer Black, White,	otc.	
B	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES			1 YES	2 X NO	Specif	ly:			Specify: With	nite	
	15. DECEDENT'S EDUC	******	14.50								1		ITOG	
COMPLETED	(Specify only highest grade		(Gi	ve kind of	Work done	during me	ON ast of worki	ng	16b. KIN	D OF BUSINE	SS/INDUST	RY		
4	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se retired.)									
7		1		H	lomem	aker				Dom	estic			
9	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S N/	ME (First, Middle	e, Maiden Sun	name)			
BE	Peter P.	Bubelis						Gra	ace Maj	jeski				
	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRES	S (Street i	nd Numbe	or Rural	Route Number, C	City or Town, S	tata, Zip Cod	le)		
2	Mrs. Ann Griffin	Collins	7	05 I	oage	s Dr	rive	Mil	Llersvi	lle.	Maryl	and 21	108	
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO								or Town, State		
	1 September 2 Cremetion 3 Remo	ovel from State	other pla	ice)			eter					- III	Hampshi	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEF		Udil			ND ADDRE		ICII ITY	TOTO	Shout	II, New	nampan.	
	> michael 1.		nn		-	TYPINE P	NO NOONE		Ma	rzull	o Fun	eral S	Service	
	muchael .	margi	ullo		3	981	Carr	ollt	on Roa	d Up	perco	.Marv]	and 21:	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	O OR AS A CONSECUTE OF AS A CO	MENCE O	elogenous leukemia 3m						and day			
MEDICAL CERT	PART II. Other significent condition	e contributing to	o death but not r	esulting	In the u	nderlyln	g ceuse	given in	Part i. 24	n. WAS AN AU		AVAILAE	UTOPSY FINDINGS	
ă									1(TYES 2	NO	OF DEA	TH?	
ž							6					1 🗀 Y	S 2 NO	
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF D	DEATH (C	heck only one)					
200	1 TES 2 THO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE		ne 5 🗆 R	asidence	6 Other (Sc	pecify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2 (□ NO	28d. DESCRI	BE HOW INJU	IRY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At ho j, atc. (Specify)	me, farm,	street, fac	tory, affl	20		281. LOCATIO City or To	ON (Street and own, State)	Number or F	Rural Route Nur	nber,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE		of my knowledge, de examination and/or i									suse(s) and me	nner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	hunco	m M.	12.			JH	HE	9890)	DI	GNED (Month,	190	
	1	can,1	M. D.	5H	- Print)	To	ne	- (10 1	Sall	·m	ore,	MO	
	31. DATE FILED (Morith, Day, Year)	W 23.3	AR'S SIGNATURE	what	Davids	n-R	ndell	•						

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5	1 OF	L Dif	f He
	SPIT	NERA Thin 7	H
	무단	HE FU	DITTA.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach. Obe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	6	7	

JAN 29 90

DECEDENT'S NAME (First, Middle, Last)				CATE OF		T	2. DATE OF			3.	TIME OF DEATH
And the second second	Harri	E. Garı	ner				MONTH	DAY	7.199	YEAR	1:55p
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In) is. last		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	MATH			L: DDD VCE (State or Foreign
056-01-4113	t 🔀 M 2 🗆 F	77	YRS.	AONTHS DAYS	HOURE	MIN.	Septe	TSI2		Country)	ngton D
. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUNT	TY OF DEAT	Н
Holy Cross Ho	spital			Silv	er S	pring	J			Mont	gomery
STATE 10b. COUNT	TY		10c CITY	TOWN OR LOCA	TION					1.0	d. INSIDE CITY
			1000 0711,			ingto	on D.C				LIMITS?
e. STREET AND NUMBER				to	f. ZIP COO	E			teg. CITIZ	EN OF WHA	T COUNTRY?
5225 Connecti					2	0015			Uni	ted S	tates
MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED				IC ORIGIN? (S		or No-	14. RACE — Black, W	American Indian, hite, atc.
Never Married 2 X Merried Wildowed 4 Divorced	IF YES, GIVE W	AR OR OATES			2 X XNO			i, attal		Specify:	ite
15. DECEDENT'S ED (Specify only highest gred		16a. DE0	CEDENT'S U	SUAL OCCUPATI	ON net of works	20	16b. KII	ID OF BUSI	NESS/INDU	STRY	
Elementery/Secondary (0-12)	College (1-4 or 5 +	No.	Do NOT use	retired.)	or or morni	-9					
12		Не	adqua	rters M	lanag	ement			AT&T		
FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NAM	AE (First, Midd	le, Maiden S	iumame)		
James	F. Garne	er				N	Minnie	Jark	ooe		
. INFORMANT'S NAME (Type/Print)		198	. MAJLING	ADDRESS (Street	and Number	or Rural A	oute Number,	Olty or Town,	State, Zip (Code)	
Mary Garner		5:	225 C	onnecti	cut	Aveni	ie #61	0 N.V	V. Wa	shina	ton D.C
e. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSE	TION (Name of ce							State 2001
☐ Buriel 2XXCremetion 3 ☐ Red ☐ Donation 5 ☐ Other (Specify)	moval trom State	other pla	ice)	v Crema			20				ryland
SIGNATURE OF FUNERAL SERVICE L	ICENSEE	- I Monte	gomer	22 NAME A	ND ADDRE	SS OF FAC	YTIJE				
1 Deman	JX-	Le to	0335	Rober	t A.	Pump	ohrey Chas da, Ma	Funer e, Ir	ral H	ome/ 557 W	isconsi
3. PART I. Enter the diseases, or	complications the	caused the de-	eth. Do no	at enter the m	ode of dy	ing, such	aa cerdiac	or reapir	atory arre	et,	Approximate
shock, or heert feilure AMEDIATE CAUSE (Fine)	. Liet only one can	me on each line									Onset and D
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sesse or condition	OUE TO	(OR AS A CONSEC	DUENCE OF)	nany	ar	(6)					
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equentielly list conditions, sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury lat Initiated events issulting in death) LAST ART II. Other significent conditions. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO MANNER OF DEATH MANNER OF DEATH MINING Accident investigation.	b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1 ingintent 2 28e. DATE OF (Month, D	(OR AS A CONSECTION OF INJURY — At ho	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF)	26. F OTHER: 4 Nursing Ho. Nursing M 1	LACE OF D The 6 RI JURY AT ORK? YES 2 [given in i	Part I. 24 t bock only one) 6 Other (S) 28d, DESCRI	PERFORI	MED?	AM CC OF 1	ALLABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO
equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury lat initiated events southing in death) LAST ART II. Other significent condition. WAS CASE REFERRED TO MEDICAL EXAMINER? I YES V NO MANNER OF DEATH Natural 5 Pending investigation.	b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1 ingintent 2 28e. DATE OF (Month, D	(OR AS A CONSECTION OF AS A CONS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF)	26. F OTHER: 4 Nursing Ho. Nursing M 1	LACE OF D The 6 RI JURY AT ORK? YES 2 [given in i	Part I. 24 t bock only one) 6 Other (S) 28d, DESCRI	PERFORI	MED?	AM CC OF 1	ALLABLE PRIOR TO MPLETION OF CAL DEATH?
equentielly list conditions, sny, leading to immediate Buse. Enter UNDERLYING AUSE (Disease or Injury lat Initiated events soutting in death) LAST ART II. Other significent conditions. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO MANNER OF DEATH 1 Natural	b. DUE TO c. ODUE TO d. ODUE TO d. HOSPITAL: 1 Ingintent 2 28e. DATE OF (Month, D) 28e. PLACE OF building.	(OR AS A CONSECTION OF INJURY — At hoste. (Specify)	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DOA 26b. TIME INJU me, farm, st	26. F OTHER: 4 Nursing Hot OF 28c. IN W H Treet, fectory, offil	DIG COUSE LACE OF D THE 6 THE THE THE THE THE THE THE THE THE THE	given in	Part I. 24 t t Chyonological Section (Signature 1) 284. LOCATIC City or 3	PERFORI VES 2 Decity) BE HOW IN ON (Street er own, State)	MED?	AWCCO OF 1 1 1 1 1 1 1 1 1 1	ALLABLE PRIOR TO MPLETION OF CAL DEATH?
equentielly list conditions, sny, leading to immediate base. Enter UNDERLYING AUSE (Disease or Injury late Initiated events suiting in death) LAST ART II. Other significent conditions and the conditions of the	b. DUE TO c. ODE TO d. DUE TO d. DOE TO d. DUE TO d. DUE TO d. DUE TO 28e. DATE OF (Month, D) 28e. PLACE Of building.	(OR AS A CONSECTION OF INJURY — At hostic. (Specify)	DUENCE OF) DUENCE OF)	26. F OTHER: 4 Nursing Hot OF 28c. IN W 1 reet, factory, offi	LACE OF D me 6 Ri JURY AT ORK? YES 2 [given in l	Part I. 24 t 1 ck only one) 6 Other (S) 28d, DESCRI City or 3	PERFORI VES 2 Decity) BE HOW IN ON (Street er wwn, State)	MED?	AM CCC OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AILABLE PRIOR TO MMPLETION OF CAI DEATH? YES 2 NO
equentially list conditions, sny, leading to immediate buse. Enter UNDERLYING AUSE (Disease or injury lat initiated events southing in death) LAST ART II. Other significent conditions and the conditions of the	b. DUE TO c. ODE TO d. DUE TO d. DOE TO d. DUE TO d. DUE TO d. DUE TO 28e. DATE OF (Month, D) 28e. PLACE Of building.	(OR AS A CONSECTION OF INJURY — At hostic. (Specify)	DUENCE OF) DUENCE OF)	26. F OTHER: 4 Nursing Hot OF 28c. IN W 1 reet, factory, offi	LACE OF D me 6 Ri JURY AT ORK? YES 2 [given in l	Part I. 24 t 1 ck only one) 6 Other (S) 28d, DESCRI City or 3	PERFORI VES 2 Decity) BE HOW IN ON (Street er wwn, State)	MED?	AM CCC OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ALLABLE PRIOR TO MAPLETION OF CALL DEATH? YES 2 NO
equentielly list conditions, sny, leading to immediate base. Enter UNDERLYING AUSE (Disease or Injury late Initiated events southing in death) LAST ART II. Other significent conditions and the conditions of th	b. DUE TO c. DUE TO d. DUE TO d. POSPITAL: t V Injustent 2 28e. DATE OF (Month, D) 28e. PLACE OF building. SICIAN: To the best of a	(OR AS A CONSECTION OF INJURY — At hostic. (Specify)	DUENCE OF) DUENCE OF)	26. F OTHER: 4 Nursing Hot OF 28c. IN W 1 reet, factory, offi	LACE OF D The 6 R JURY AT ORK? YES 2 [The control of the con	given in l	Part I. 24 t	PERFORI VES 2 Decity) BE HOW IN ON (Street er wwn, State)	MED? NO	URED OF Rural Rout d. cause(s) ar	ALLABLE PRIOR TO MAPLETION OF CALL DEATH? YES 2 NO

32. BEGISTRAR'S SIGNATURE Julia Davidson Aandall

Rd Rocheville Md 20852

	FOR STATE OF MARYI 1 - STATE REGISTRAR		TMENT OF HI		ENTAL HYGIENI	E	0042
	1. DECEOENT'S NAME (First, Middle, Last) SHIRLEY	ASH			2. DATE OF DEATH DA	Y YEA 2 9	
	4. SOCIAL SECURITY NUMBER S. SEX S. SEX S. AGE S	(In yrs. lest birthdey)	MONTHS DAYS	HOURS MIN		C	RTHPLACE (State or Foreign buntry) [assachusetts
TOR	13469 Demetrias Way		Germanto		in .	Montgo	
DIRECTOR	100. STATE 100. COUNTY Oregon Clatsop	,,,,,,	, town or Locati	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER Tongue Point Quarter-J	•	1	ZIP CODE 97103	_		G.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 1 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED 2 TONO DATES	If yes, spe	ENDENT OF HISPANIC city Cuban, Maxican, 2XXNO Specify:	C ORIGIN? (Specify Yes, Puerto Rican, atc.)		HACE — American Indian, Hack, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Cotlege (1-4 or 5 +)	16a. DECEDENT'S (Give kind of tille. Do NOT us	USUAL OCCUPATIO vork done during mos se retired.)	N at of working	16b. KIND OF BUS	BINESS/INDUSTF	
	1.2 17. FATHER'S NAME (First, Middle, Lest)	Social	Worker		Training		am
TO BE	Abraham Richman 196. INFORMANT'S NAME (Type/Print) Sugar Cook (Doughton)				Kramer oute Number, City or Town		
	WWw.del a Clarentine a Clarentine Contra	other place) Sharon Me	SITION (Name of cert	netery, crematory or	20c. LO	CATION — City of	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		DANZA		DBERG MEMO		HAPELS, INC., Md. 20852
	23. PART I. Enter the diseases, or complications that ceusshook, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in desth) a. CARDIA DUE TO (OR AS	eech line.	REST		as cardiac or reapi	ratory srrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	A CONSEQUENCE O		ER_			
MEDICAL CEI	PART II. Other significant conditions contributing to death	but not resulting	In the underlying	g cause given in F	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/OL	rtpatient 3 🗆 DOA	26. PL OTHER: 4 Nursing Hom	ACE OF DEATH (Che	ck only one) 8 Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 6 Pending (Month, Day, Year, 2 Accident Investigation		RE OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCURE	0
	3 Suicide 5 Could not be 4 Homicide detarmined		street, factory, office	•	281, LOCATION (Street City or Town, State,		ural Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination						use(s) and menner as stated.
BE C	296. SIGNATURE AND TYPLE OF CENTRIER			0 - 2191		29d, DATE SIG	SNED (Month, Day, Year)

- Mindall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'90

32. REGISTRAR'S SIGNATURE

0 - 21910

10 31. DATE FILED (MAN) DAY NO!

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9

BALTIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retained by the hospital or attending any	I completely filled in by the funeral director, page 5 should be detached for use as the bur urial, cremation, or removal.	ic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within durs after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY FUNERAL DIRECTOR

9

FOR		OTATE OF I	4 6 PW	AND (DED4D								_		90	034	2
1 - STATE REGISTRAR		STATE OF I	MAHYL			CATE				MEN		YGIEN EG. NO					
1. DECEDENT'S NAME (First,		MARS	н		Cor	2 Don	7				ATE OF D		AY 8 -1	990		E OF DEATH	м
4. SOCIAL SECURITY NUMB		5. SEX 1 X M 2 - F	6. AGE	(In yrs. less	t birthday)	IF UNDER 1 Y	EAR AYB	IF UNDER	MIN.	7. D/ (A/ A/D	TE OF B	RTH (Year)	1909	Count	HPLACE	(State or Foreign	
9a. FACILITY NAME (If not in	estitution, give s	treet and number)				9b. CITY, TO	WN C	R LOCATI	ON OF DI					NTY OF D	EATH		_
12004 Tulip		e Drive				Bow	ie						Pı	cince	e Ge	orge	
10a. STATE	10b. COUNTY	Y			10c. CITY	, TOWN OR I	OCAT	TON							tod. IN	ISIDE CITY	_
Maryland	Pri	ince Geor	ge		E	owie										MITS?	
10e. STREET AND NUMBER				10f. ZIP CODE 10g. CITIZEN OF					IZEN OF V	WHAT COUNTRY?							
12004 Tulip Grove Drive							1 2	20715	5				Uni	ited	Sta	tes	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						If ye	s, sp	ecity Cube	OF HISPANIC ORIGIN7 (Specify Yea or No—ben, Mexicen, Puerto Rican, etc.) Specify: White					, atc.			
15. DEC (Specify only Elementary/Secondary (C 12 Years		CATION completed) College (1-4 or 5 3 2 Years	+)	(Gi	Do NOT us	usual occu rork done duri e retired.)	PATIC ng mo	ON let of worki	ing		Gov't Labor Dept.						
17. FATHER'S NAME (Flost, M. George E.		don						16. MOT Lat	HER'S NA	Bel	ist, Middle 1e	Maiden Mar	Symame) Sh				
19a. INFORMANT'S NAME (7	Type/Print)			191	b. MAILING	ADDRESS (S	treet a	nd Numbe	r or Rural	Route I	Vumber, C	ity or Tox	vn, Stata, Zi	p Code)			
Blanche H.	Gord	don			sam	e as	# :	1.0									
20a. METHOD OF DISPOSIT 1 Suriel 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	200	other pli	BC0)	coln							entwo			yland	
21. SIGNATURE OF FUNERA	LA (J. Bor	ewr	ar	H	22. NA Bo	ME AI	wardt	t Fu	ner	al H	Iome				20705	5
23. PART I. Enter the d	iseeses, or	complications the	t cause	d the de	eth. Do r	ot enter th	e mo	de of dy	ing, aud	ch aa	cerdiec	or reap	iretory ar	reat,		Approximata	
IMMEDIATE CAUSE (Fit disease or condition resulting in desth)						read	lan	1	for	retr	m				-	onset and Des	th
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury																	
that initieted events resulting in deeth) LAS	(OR AS	A CONSE	DUENCE O	F):													

				1 YES 2 NO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)	
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHE	R: rsing Home 5 - Residence	6 Other (Specify)	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. OEŞCRIBE HOW INJURY OCCUP	REO
3 Suicide 6 Could not 6 determined	28e. PLACE OF INJURY — At he building, stc. (Specify)	ome, farm, street, fa	ctory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
20a CERTIFIER					

CERTIFIER (Check only one)

2 | MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated.

PART II. Other algnificant conditions contributing to deeth but not recuiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER Do 2193 29d. DATE SIGNED (Month, Day, Year)

1 28 9 0 rodion

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) , MARYLAND 20715 BOWIE

31. DATE FILED MONTH, SON OF 90 32. REGISTRAN'S SIGNATURE
GUNA DAY OSA Randole 24b. WERE AUTOPSY FINDINGS

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the afterding physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. Of Health and Mental hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10	10	be file	IMP

1	-	FOR STATE REGIS	
ı	1. 0	ECEDENT	T'S NA
ì		M	AR
		4.1	TTT

	1 - STATE REGISTRAR	SIMIE UF I			ICATE				MENIAL N	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			ji.					2. DATE OF I	DEATH	ıv	YEAR	3. TIME OF DEATH
i	MARJORIE	С.	GASSI	ΞR					JANUA			1990	9:30A M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E (Month, De	SIRTH v. Year)		8. BIRTHE	PLACE (State or Foreign
	199-22-7689	1 M 2 X F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	SEPT.		1927		NSYLVANIA
Ì	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DE	АТН		9c. COU	NTY OF DE	ATH
DIRECTOR	MONTGOMERY GEN	NERAL HO	SPITAL			0	LNE	7			MO	NTGO	MERY
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			Y	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
E~	MARYLAND	MONTGON	(FRV		,	OLI							LIMITS?
	10e. STREET AND NUMBER	110111001	ши				ZIP CODI				10g. CIT		HAT COUNTRY?
FUNERAL	2429 WESTMINSTER	DRIVE					2083	32			-710 1	US	A
5	11. MARITAL STATUS	12. WAS DECEDED	IT EVER IN U.S. AR	MED					IIC ORIGIN? (S		or No-	14. RACE Black	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES				2 XNO			, σιω,		Specify	WHITE
	15. DECEDENT'S EDI				USUAL OC				16b. KIN	O OF BU	SINESS/IN		
Ē	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	- Min	Do NOT u	work done d se retired.)	unng mo	St OF WORKI	g					
4		2	HOM	EMAK)	ER								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middl				
BE	EDWARD CASNER							[RUD]		WNSE			
2	19a. INFORMANT'S NAME (Type/Print)	/ HILLO DA NII							Route Number, C				20022
	E.R. GASSER	(HUSBANI	20b. PLACE						c, ULIV.			City or Tox	
	1 N Buriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	GATE	ece)									G, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L	ÇENSEE	CONTE	OF 11.	22.1	NAME A	ID ADDRE	SS OF FA	CILITY	•			
	> Michael) J. C	Sigla		FR 50	ANC 00 U	IS J NIVE	CO!	LLINS Y BLVD	FUNE W	RAL S	HOME.	INC. P., MD 2090
\neg	23. PART i. Enter the diseases, or shock, or heart failure				not enter	the mo	de of dy	ing, auc	h as cardiac	or respi	iratory a	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finsi	•											Onset and Death
	disease or condition resulting in death)	8. CARD	20 from	AUD.	NY	N	NEIT						MOUNS
- 1			O INTE			0	LEE	NOW	6				NA-70
NO	Sequentially list conditions,	D	OR AS A CONSE		- , -	10	LCC	カントル	<u></u>				0/1/2
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING				.,.								İ
	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE C	F):								
ᇤ	resulting in death) LAST	d											
	PART ii. Other significant condition	na contributing to	death but not r	esuitina	in the un	derivin	n cause	aiven in	Part i 24	e WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
DICAL	LUNG CANCER									PERFO	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE
		1000110	740	7	17/3	•	40 -0		— ''	YES :	S ON NO		DF DEATH?
Σ									-			- 1	1 YES 2 NO
N	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only one)				
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER 4 Num		e 5 □ R	sidence	6 Other (S	pecify)			
PHYSICIAN: MEI	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Year)	28b. TH		28c. IN.	URY AT		28d. DESCR		INJURY O	CCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation		See See See See See See See See See See		M		YES 2	NO					
	3 Suicide 6 Could not be		OF INJURY Al ho	ome, farm,	street, fact	ory, offic	•		281. LOCATIO	ON (Street own, State)		er or Rural R	oute Number,
COMPLETED	4 Homicide datermined									~			
7	CHOCK DINY	SICIAN: To the best of	of my knowledge, de	eath occur	red at the t	ime, date	and place	, and due	to the cause(a) and ma	nner as st	ated.	
Š	one) 2 MEDICAL EXAMIN	IER: On the basis of	examination and/or	investigati	on, in my o	pinion, o	leath occu	red at the	Ilme, data and	d placa, a	nd due lo	the cause(a)) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFI	ER						ENSE NU			29d. DA	1	(Month, Day, Year)
TO B	Jui larro	mou	un, n	A			Da	7-8	86			1128	190
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA		_	a, Print) 1210/	1	Man-	Ve A. I	208	14			
	- C - C - C - C	32. REGISTE	AR'S SIGNATURE			7	1 49-	120	1 200		-		
	JAN 3 0 90	gui.	ia Davidson	Rand	a22								



TO THE MOSPIAL OR ALIENDING PHYSICIAN. The law requires that the death cerolicate be executed whim 4 mount are nearly a final or may be retained by the strength of attending physician and completely filled in by the funeral director, page 5 should be detached for use as the second of the strength of t	he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	THE MOSTIAL OR ALIENDING PRINCIAN: The law requires that the dearn certificate be executed within 2 amount arist learn. Tagle 6 fled be talarred by into THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		ENTAL HYGIENE REG. NO.		
- 1	1. DECEDENT'S NAME (First, Middle, Lyst)	GALLOU	NAY			2. DATE OF DEATH MONTH	8-90	3. TIME OF DEATH P
		1 - M 2 X F 8	yrs. last birinday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	erraptace (State or Foreign ountry) [aryland
TOR	Anne Arundel Me		napolis			Arundel		
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Maryland Ann	e Arundel		Edgewat	ZIP CODE		10g. CITIZEN C	1 YES 2 NO
BY FUNERAL	2608 Solomons 11. MARITAL STATUS 1 Never Merried 2 Married 3 29 Widowed 4 Divorced	Island Roa 12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	U.S. ARMED	If yes, sp	21037 ENDENT OF HISPANICITY Cuban, Mexican, 2 X NO Specify:	C ORIGIN? (Specify Yea Puerto Rican, etc.)	S	A. NACE — American Indian, Black, Whita, etc. Specify: 11 te
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during me er retired.)	at of working	166. KIND OF BUS		ď
	17. FATNER'S NAME (First, Middle, Leet) Charles Bayne					E (First, Middle, Maiden S		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		oute Number, City or Town		
ř	Doris Cullembe	T		William SITION (Name of cer			olis,	MD 21401
	1 2 Burial 2 Cremation 3 Removed	rel from State	other place)	rest C	emetery	Ann	napoli	
	21. SIGNATURE DY UNERAL SERVICE GE	dring		Tayl		ral Chape ter St	el	21401
	23. PART I. Enter the disesses, or conshock, or heart feliure. L. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	Renal DUE TO (OR AS A	Fail	not enter the mo				Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	SHOCK OUE TO (OR AS A SUPRA OUE TO (OR AS A TRILLOIS	VEN7	RICHL	AR T	ACHYCI nia	ARDio	$\frac{2\omega}{2\omega}$
AL	PART II. Other significant conditions	contributing to death be	ut not resulting	in the underlyin	g csuae given in f	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che		1	
BY PHYS	27. MANNER OF OEATH 1 Natural 6 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c. IN.	e 6 Rasidence 6 URY AT RK? /ES 2 NO	28d. DESCRIBE NOW IF	NJURY OCCURE	0
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY building, atc. (Spec	— At home, farm,	street, fectory, offic		281. LOCATION (Street a City or Yown, State)	nd Number or Au	ıral Route Number,
COMPLETED	One)	IAN: To the best of my knowl : On the basis of examination						use(s) and manner sa stated.
TO BE C	244 SIGNATURE AND TITLE OF GERTIFIER	les un	Ju)	20c. UCENSE NUM D //6	S3	29d. DATE SIG	NED (Month, Day, Year) -29-90
	30. NAME AND ADDRESS OF PERSON WHO PERSON 31. DATE FILED (Month, Day, Year)	VERKO	ATH (ITEM 27) (Typ) ATURES 1.0	183	3 FORES	DR. A	nap	Ris Mul 21451
	FEB 1 199	Julia Davids	an-Mandell	-				DNMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ours aft	ion, or remo	the medica	
certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or other traumatic event, 1	
res that the death	igned by the atter eaith and Mental	rs any Injury, o	
he law requir	e Dept. of H	m 23 show	
HYSICIAN: T	is certificate	ed, or ite	
ATTENDING PH	RECTOR: After the rs after death w	n 28 is mark	
TO THE HOSPITAL DR	TO THE FUNERAL DIR be filed within 72 hour	IMPORTANT: If Iten	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTA
. DECEDENT'S NAME (First, Middle, Las	st)	2. DATE

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H			TYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) AIS Y	SAFFE	22	GOR	E	2. DATE OF MONTH	DEATH DAY	YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 21.3-20-9064	5. SEX 6. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF 1 (Month, De May 9	sy, Year)	Country	PLACE (State or Foreign
90. FACILITY NAME (If not institution, give s Westminster Nu	street and number)		% city, town	OR LOCATION OF DE		9c. CO	UNTY OF DI	EATH
RESIDENCE OF DECEDENT		0020	11000				701101	L. M.
Md. Balt	imore	10c. CITY,	Pikesv					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 314 Upland R	and		10	7. ZIP CODE 21.208		10g. CI	U.S.A	HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (S	Specify Vee or No-		A e American Indian,
1 Never Married 2 Married 3 N Widowed 4 Divorced	FORCES? 1 YES	2/ NO	If yes, sp	ectfy Cuben, Mexico 2 NO Specify	n, Puerto Rice	n, etc.)	Black	White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	ork done during me		186. Kii	Hospita		
17. FATHER'S NAME (First, Middle, Last) Francis	Saffell	-		18. MOTHER'S NA Mary		lle, Meiden Surneme) NgS		/
190. INFORMANT'S NAME (Type/Print) W. Glenn Gore				and Number or Rural F				
20e, METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	20th	PLACE OF DISPOSI	TION (Name of ce	metery, crematory or		Reister		9551
21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME A	no ADDRESS OF FA	neral	Chapel		21117 s Mills, Md.
23. PART 1. Enter the disease, or shock, or heert fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS A DUE TO (OR AS A C.	a consequence of	Q	de of dying, eucl	h ee cerdlec	c or respiretory s	irrest,	Approximete Interval Between Onset and Deeth
PART II. Other significent condition	dns contributing to death b	ut not resulting in	n the underlyin	g ceuse given in		A. WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (Ch	eck only one)			
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Out	28b. TIME	4. Nursing Hor	JURY AT DRK?		pecify) IBE HOW INJURY O	CCURED	
1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	— Al home, farm, st		YES 2 NO		ON (Street end Numb fown, State)	per or Rural F	Route Number,
CONTROL OF THE STATE OF THE STA	SICIAN: To the best of my know ER: On the basic of examination) end manner as stated.
SHOW AND ADDRESS OF BERSON W	Dorslaum	~	O. Cal	29c. LICENSE NUI	MBER 56	29d. D/	ATE SIGNED	(Month, Day, Year)
31. DATE FILED (Month, Day, Year)	orsherg!	D 90	8 Wa	shings	on Ro	1 west	nie	15 ter mo
JAN 31 190	Likia Davidson-A	andell		Û				21157

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		ansit permit. Pages 1, 2, 3 should	(
BALTIMORE, MARYLAND 21203-3146	fours after death. Page 6 may be retained by the hospital or attending physicia	filled in by the funeral director, page 5 should be detached for use as the burlal-tr m, or removal.	te medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTM			MENTAL	HYGIENE REG. NO.		,
	1. DECEDENT'S NAME (First, Middle, Last)	GILLESPIE	2			2. OATE O	DAY	90 YEA	3. TIME OF OEATH
		SEX 6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTH Pay. Year)		RTNPLACE (State or Foreign
IOB.	ACILITY NAME (II not institution, give street			heve	r Location of de	EATN			e Georgels
DIREC	104 STATE 106 COUNTY MD PRINCE	George's	10c. CITY, T	OWN OR LOCATI				П	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	MD PRINCE 100. STREET AND NUMBER 3417 Dodge PA	rk Rd #	101	101.	ZIP CODE		10g. C		S.A.
BY FUN		. WAS OECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED		city Guben, Mexica	n, Puerto Ri	(Specify Yee or No- can, etc.)	8	ACE — American Indien, leck, White, etc.
ETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ON 16a. 16a. 16a. 16a. 16a. 16a. 16a. 16a.	DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos stired.)	N t of working		KIND OF BUSINESS/	NDUSTR	Y
COMPL	NONE 17. FATNER'S NAME (First, Middle, Last)		UNEMPLO	YED	18 MOTHED'S NA		NEVER WO		,
BE C	STEVEN GILLESPIE						GLADNEY	,	
TO B	190. INFORMANT'S NAME (Type/Print) MELISSA GLADNEY		3417 DC	DGE PAI	RK ROAD		or, City or Town, State, LANDOVER		YLAND 20785
	20e. METHOO OF DISPOSITION 1 Burlel 2 Commation 3 Removal 4 Donation Donation		CE OF DISPOSITION PROPERTY OF THE PROPERTY OF		etery, crematory or CEMETERY		LANDOV		r Town, State IARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE Clar	~				HOME, INC		N,D.C. 20019
	23. PART I. Enter the diseases, or com ahock, or heart failure. List								Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Congenita oue to jor as a con	1 A-V	ma	1 form	ati	07		Onset and Death
NOI	Sequentially list conditions, b. – b. – landing to immediate	DUE TO (OR AS A CON							
RTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEOUENCE OF):					H	
8	PART II. Other algnificant conditions of	antibution to death but a	et sociales le f	hh a san da da la la a		Book I			
MEDICAL	Seizure D		or resulting in t	me underlying	ceuse given in		24a. WAS AN AUTOP: PERFORMEO? 1 YES 2 NO	,	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			20.04	ACE OF DEATH /OL				
PHYSICIAN:	EXAMINER?	OSPITAL: ER/Outpatien		THER:	ACE OF DEATH (Ch 8 ☐ Residence				
	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	JRY AT		CRIBE NOW INJURY	OCCURE	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, atc. (Specify)	it home, farm, stre	et, factory, office		28f. LOCA City o	TION (Street and Num r Town, State)	ber or Ru	ral Route Number,
COMPLE	cool and	N: To the bast of my knowledge On the basis of examination and							se(e) and manner se stated.
BE C	206. SIGNATURE AND TITLE OF CERTIFIER	10 Deput	4 medi	691	29c. LICENSE NUI	MBER	29d. [ATE SIG	NEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P	Ducer	sbury	· R	d Hua	11:	26/90 ville
	31. OATE FILEO (Month, Day, Year)	2E MeA TO SIGNATUR					77-61		MD 20781
	IAN 30'90	Pelia Davidson-Rar	dell						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely (if	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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	FOR STATE OF MARYLAND 1 - STATE REGISTRAR) / DEPARTI			MENTAL HYG REG.				
	1. DECEDENT'S NAME (First, Middle, Lest)	Gro	imes		2. DATE OF DEAT	29	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F	YRS.	ONTHS DAYS 3 19	HOURS MIN.	7. DATE OF BIRTH	1884	8. BIRTHPLACE (State or Foreign Country) TY OF DEATH		
TOR	COLTUN VILLA NUYSING CONT	er		etown	AIN	Wo	ishing ton		
DIRECTOR	Maryland Washington	10c. CITY, 1	Hage	erstown			10d. INSIDE CITY LIMITS? 1 TYES 2 2 NO		
FUNERAL	10e. STREET AND NUMBER 750 Dual Highway			2174	0		ZEN OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2. IF YES, GIVE WAR OR DATES	™ NO	13. WAS DECI If yes, spe 1 YES		14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e Elementary/Secondary (0-12) College (1-4 or 5+) NONE		BUAL OCCUPATION Red done during most etired.)	N at of working	16b, KIND OF	BUSINESS/IND	PATEL		
COM	17. FATHER'S NAME (First, Middle, Lust) William H. Owings			18. MOTHER'S NAI	ME (First, Middle, Me ian (Un	known)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Wanda L. Groomes	19b. MAILING AI	Stedw	nd Number or Rural F	Poute Number, City o	10wn, State, Zip 04 Ga:	coooMd. 20879 ithersburg,		
	20e. METHOD OF DISPOSITION 1 CX Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) Mt	ACE OF DISPOSIT	ON (Name of cent	etery crematory or		Randallstown, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	ier Fur	neral H		784		
NC	23. PART I. Enter the disease, or complications that caused the shock, or heart fellure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENTIAL TO CONSEQUENTIA	NSEQUENCE OF):	anter the mo	ds of dying, such	Prile	espiratory error	est, Approximata Interval Between Onset and Death		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algorificent conditions contributing to death but n	ot resulting in	the underlying	g cause given in	PE	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL	ACE OF DEATH (Che	eck only one)				
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/Outpatien	N 3 DOA 4	☐ Nursing Hom	o 5 ☐ Residence					
	1 Netural 5 Pending (Month, Day, Year)	28b. TIME (ry wo	URY AT RK? 'ES 2 \Begin{align*} NO	28d. DESCRIBE H	OW INJURY OCC	:URED		
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State)								
COMPLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the best of examination and								
BE	296. SIGNATURE AND TITLE OF CERTIFIER	u		29c. LICENSE NUN	ABER 57	29d. DATE	30 110		
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ALCED, MO —	(ITEM 27) (Type, P)	DAHA	1(AVZ.	HAGEK	257001	r.Mn		
	31. DATE FILED HOPIN, DONNEY 90 32. REDISTRAR'S SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS OF STARTS SIGNATURE SUMMERS SIGNATURE SUMERS SIGNATURE SUMERS SIGNATURE SUMER	-Aandell	**	,					

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	FOR 1 - STATE REGISTRAR	STATE OF N				HEALTH AND	MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	3. TIME OF DEATH			
,	Mary	Jane	G	riff	ith			3.1990	5:00 P. M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH 8. BIRTHPLACE (State or For				
	227-05-4530	1 M 2 K F	84	YRS.	MONTHS DAY	HOURS MIN.	(Month, Day, Year)		Country)		
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY. TOW	N OR LOCATION OF DI	May 29,1	90. COUNTY	Virginia		
œ	Union Hospita										
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT	1			EIK	ton, Md.		Cec	il		
m	10a. STATE 10b. COUNTY				, TOWN OR LO				10d. INSIDE CITY		
5 I	Md. Cec	11		E1	kton,	MArylan	ıd		LIMITS?		
7	10e. STREET AND NUMBER					101. ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?		
2	#40 Coxs Lane										
뿔	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II S ADI	4ED	42 WAS	21921	NIC ORIGIN? (Specify Y	II S	RACE — American Indian,		
3	1 Never Married 2 Married	FORCES? 1	YES 2 N		If yes	specify Cuban, Maxica	an, Puarto Rican, atc.)		Black, White, etc.		
BY	3 N Widowed 4 □ Divorced	IF YES, GIVE W	AR OR DATES X		10	ES 2 NO Specifi	y:		specify:White		
	15, DECEDENT'S EDU	CATION	16a DEC	PEDENT'S	USUAL OCCUP	ATION	165 KIND OF B	USINESS/INDUST	DV .		
E	(Specify only highest grade	completed)	(Gh		rork done during	most of working	Too. raite of b	0011120371110037	***		
7	Elementary/Secondary (0-12)	College (1-4 or 5 +					***				
COMPLETED	7+h 17. FATHER'S NAME (First, Middle, Last)		Hor	noma	kor	40 4407147010 114	HOME ME (First, Middle, Maide	maker			
	Charles Cord	i 1 1				18. MOTHER'S NA					
BE		***	Line					Prof			
2	John Cordill						Route Number, City or To		(6)		
							n, Maryl				
	20a. METHOD OF DISPOSITION 1_ Buriel 2 Cremation 3 Rem	oval from State	other pla	ce)		cemetery, cremetory or		OCATION — City	or Town, Stata		
	4 [™] Donation 5 □ Other (Specify)		Greer	1 Hi		emory Ga		azewel	1 Virginia		
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. 10		22. NAME	AND ADDRESS OF FA	CILITY 25	OF M	Tain St.		
	19 - /we-	10/10	molin	100	Ge	Funera	1 Home				
-	23. PART I. Enter the diseases, or o	complications the	Coursed the de-	eth Co.	ot setse the	made of skilling and	E	lkton.	Md		
	shock, or heart failure.	List only one cau	se on each line.	aut. DO II	OL WHEEL SHE	mode of dying, suc	in as cardiac or res	peratory arrest,	Approximate Interval Between Onset and Death		
Ì	IMMEDIATE CAUSE (Final	Denis to Pass									
	disease or condition resulting in death)	. Apralion rulumonia.									
	Sequentially list conditions Due to (or as a consequence or; Conventially list conditions Due to (or as a consequence or; Conventially list conditions										
Z	Sequentially list conditions,	Leepero vers eules treiden !									
CERTIFICATION	If any, leading to immediate	oue to (or as a consequence of):									
3	CAUSE (Disease or injury	G									
	that initiated events	DUE TO	(OR AS A CONSEC	UENCE OF	7):						
H	resulting in death) LAST	d									
0	PART II. Other algolificant condition	ne contributing to	death but not n	neultina l	n the under	dag cause alvan in	Part I 240 MRG 4	N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
CAL				sauring .	ii die olideli	ing cause given in		PAMED?	AWAILABLE PRIOR TO		
ă	- Nerica	mouffe	renog.				1 TYES	2 NO	OF DEATH?		
M									1 Tes 2 No		
ä											
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000				. PLACE OF DEATH (C)	heck only one)				
S	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	fome 6 - Residence	6 C Other (Specify)				
Ŧ	27. MANNER OF DEATH	28s. DATE OF		28b. TIM	E OF 28c.	INJURY AT	28d. OEŞCRIBE HOW	INJURY OCCUR	ED		
7	1 Natural 5 Pending	(Month, D	ely, resery	INJ	M 1	WORK?					
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At ho	me, farm, s	street, factory,	iffice	28f. LOCATION (Street		Rural Floute Number,		
	4 Homicide determined	building,	etc. (Specify)				City or Town, Stat	(0)			
COMPLETED	29a, CERTIFIER						l				
A P	(Check only						e to the cause(a) and m		A STATE OF THE STA		
S	2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or i	nvestigatio	n, in my opinio	n, death occured at the	time, data and place,	and due to the ca	ouse(s) and manner as stated.		
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE		2 -	/	2, x	29c, LICENSE NU		29d. DATE SI	GNEO (Month, Day, Year)		
		Vielo	ler-S	-	(1)	023	322	1/0	29/90.		
2	30. NAME AND ADDRESS OF PERSON WH						•				
-	202 Bow. 8	H. FLK.	by no.	21	21						
	31. DATE FILED (Month, Day, Year)	32. REGISTAL Fishia Day	R'S SIGNATURE	0-1	!						
	JAN 29 '90	Julia Da	4doon-Aans	telle							
	UNIT E / OU	Al									

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND N		0 03430
1. DECEDENT'S NAME (First, Middle, Last) SARAH CATHER 4. SOCIAL SECURITY NI MARKER 5. 217-28-9749 9a. FACILITY NAME (If not institution, give atreet	M 2 QUF 58 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DE BALTIMORE	7. DATE OF BIRTH (Month, Day, Year) 2/1/31	3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH AMARYLAND Y OF DEATH
10e. STATE MARYLAND 10e. STREET AND NUMBER 334 ALLEGANY STI 11. MARITAL STATUS 1 Never Merried 2 K Merried 3 Wildowed 4 Divorced	FRET WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES	OSTBURG 10f. ZIP CODE 21532 13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexices 1 YES 2X NO Specify	IC ORIGIN? (Specify Yea or No.—	10d. INSIDE CITY LIMITS? 1 X YES 2 NO N OF WHAT COUNTRY? 3. A. 4. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 1.2 17. FATNER'S NAME (First, Middle, Last) HORACE WEIME)	mpleted) (Give kind of life, Do NOT u STOI		GROCERY ME (First, Middle, Melden Surname) ANCES RANKIN	STRY
19a. INFORMANT'S NAME (Type/Print) DONALD HANNA 20a. METHOD OF DISPOSITION 1 St Burlel 2 Cremetion 3 Removal 4 Donation 6 Other (Specify) 21. SIGNITURE OF FUNERAL SERVICE LICENS ALLOU	334 And the state 20th PLACE OF DISPO	G ADDRESS (Street and Number or Rural F ALLEGANY ST DISTION (Name of cernetary, cremetory or HAEL S CEMETER 22. NAME AND ADDRESS OF FAIR SOWERS FUNER	FROSTBURG MI 20c. LOCATION — CR 27 FROSTBU	21532 ty or Town, Stata
23. PART I. Enter the diseeses, pr comshock, or heert failure. List immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, is ading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO OR AS A CONSEQUENCE C	065 Structor		Approximete interval Between Onset and Death 3 days Weeks Months
PART II. Other significant conditions of	contributing to death but not resulting	in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	1 OSPITAL: Name	M 1 YES 2 NO		
anal and	N: To the best of my knowledge, death occur On the basic of examination and/or investigat	ilon, in my opinion, death occured at the	time, data and place, and dua to the	

Amm 3G. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)

JAN 2 2 1990

32 REGISTRAR'S TONATURE

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FOR

RECORDS,	
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1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	ITMENT OF H	EALTH AND I DEATH	MENTAL	HYGIENE REG. NO.		
1. OECEOENT'S NAME (First, Middle, La.	V. HART				2. DATE O	F OEATH	/90 TEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF	Day, Yearl	Cou	THPLACE (State or Foreign ntry)	
577-24-9568 9a. FACILITY NAME (If not Institution, gh		69 YRS.	9b. CITY, TOWN C	R LOCATION OF OR	EATH 7	A Company of the Comp	c. COUNTY OF	ington, D.C.
1408 fen	wood Are		Ox	n H	//		PE	Ē
10a. STATE 10b. COU			Y, TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
Maryland Pri	nce George's		Oxon Hil	ZIP CODE		10	0g. CITIZEN OF	1 YES 2 X NO
1408 Fenwoo				20745			U.S.A	
11. MARITAL STATUS 1 Never Merried 2 XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp	ENDENT OF HISPAI belfy Cuban, Maxica 2XXNO Specifi	m, Puerto Ric		Ble	CE — American Indian, ick, White, atc. ick/White
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. OECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION Work done during mose retired.)	N it of working	16b. f	(IND OF BUSINE	ESS/INDUSTRY	
12		Homer	naker			N/A		
17. FATHER'S NAME (First, Middle, Lest) Richard Moor	e Thornton			16. MOTHER'S NA		^{ddle, Maiden Sur} rah Ber		
John W. Hart			Fenwood	nd Number or Rural	Route Numbe	r, City or Town, S	State, Zip Code)	15
20a. METHOD OF DISPOSITION 1 XX Surial 2 Cremation 3 R 4 Donation 5 Other (Specify)	SITION (Name of cer	of commetery, cremetory or ans Cemetery Cheltenham, Marylan						
21. SIGNATURE OF UNERAL SERVICE		1)	22, NAME AI Geo:	ge P. K	alas	Funeral	L Home	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	с	A CONSEQUENCE O	PF):	tone,	+:	in 1	disea	Onset and Dec
PART II. Other algnificant conditions				g ceuse given in		24a, WAS AN AU PERFORME 1 YES 2	D7	4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (C)				
27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TfA	AE OF 28c. IN.	Residence		(Specify) CRIBE HOW INJU	URY OCCURED	
M 1 VES 2 NO 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office. 28s. PLACE OF INJURY — At home, farm, street, factory, office.							al Route Number,	
4 Homicide 8 Could not determined	building, atc. (Spec	clfy)			City o	r Town, State)		
(Oriect Oriny	IYSICIAN: To the best of my know							e(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTI	FIER			29c. LICENSE NU	MBER	2	9d. DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	wid could exe could be	EATH ATTENDED	O-less	D1716	2		1/1	9/10
Linna Whi	A 32. REGISTRAR'S SIGN	7556 C	RAIN	they	UPF	er m	me/b	000, MO20



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excepted within 2. Are after death. Page 6 may be manned by the hospital physician and competity filled in by the funeral director, page 5 about be excepted to the filled within 72 hours after death with the State begin, of Health and Mertal Hygere prior to burist, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH													
	MELDA	HARR	RIS					Jan.	YEAR	0:00 Au				
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					26 - 1990 7. DATE OF BIRTH 8. BI			PLACE (State or Foreign			
				MONTHS	DAY8	HOURS	MIN.	(Month, Day, Year)	Country))			
	244-46-537		1 🗌 M 2 💢 F	14	Trio.					1/8/1916			aryland	
~	Sa. FACILITY NAME (If not insti	itution, give st	reet and number)			9b. CITY,	TOWN 0	R LOCAT	TION OF DE	EATH	9c. COU	NTY OF DE	ATH	
ğ	2929 Unive	rsity	Blvd				Ken	sin	gton	1	Mo	ontq	omery	
DIRECTOR		10b. COUNTY			10c CITY	, TOWN O	D I OCAT	ON				- 1	10d. INSIDE CITY	
E	ACT ACT												LIMITS?	
	Maryland 100, STREET AND NUMBER	Mo	ntgomer	<u>v</u>	K	ens							1 YES 2 NO	
₹							101	ZIP CO	DE		10g. CIT	IZEN OF W	HAT COUNTRY?	
FUNERAL	2929 Univer	rsity							0895		- 1	US/	1	
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	AED O					NIC ORIGIN? (Specify Yes	or No-	14. RACE Black,	- American Indian, White, etc.	
BY	1 Never Married 2 N 3 Widowed 4 Divorce	7.1	IF YES, GIVE Y	AR OR DATES					Specifi			Specify	White	
	A -												WIIIce	
Ē	15. DECEI (Specify only i	DENT'S EDUC highest grade		16a. DEC	CEDENT'S I We kind of W Do NOT use	ork done of	CUPATIO	N it of work	dng	16b. KIND OF BUS	SINESS/INI	DUSTRY		
E	Elementary/Secondary (0-1	12)	College (1-4 or 8	#flu.										
M			3		кед	ıst	ere	N E	urse	Nur	sing	1		
COMPLETED	17. FATHER'S NAME (First, Mid	ldle, Last)						16. MO	THER'S NA	ME (First, Middle, Maiden	Surname)			
BE	Henry J. Be		1							ia Snyde				
10	19a. INFORMANT'S NAME (Typ	19q. INFORMANT'S NAME (Type/Print)								Route Number, City or Tow				
	Florence Al			2	929	Uni	ver	sit	y B1				MD 20895	
	20a, METHOD OF DISPOSITIO	N 3 Bemi	wel from State	20b. PLACE 0 other pla	OF DISPOS	ITION (Na	me of cen	etery, cri	ematory or	20c. LO	CATION -	City or Tov	vn, Stata	
	4 Donation 6 Other (S			Bit	ting	er	Cem	ete	ry	Bit	Bittinger, MD			
- 9	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					Newman Funeral Homes, P.A.								
	1 The)	Grantsville, N										7.	
	23. PART I. Enter the dis	ARRAS OF C	complications the	t caused the de	eth Do o	ot enter							Approximate	
	shock, or her IMMEDIATE CAUSE (Fine disease or condition resulting in desth)	ert feilurs.	List only one cet	to fed m	m	0	w	105)	1				interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING										WERE AUTOPSY FINDINGS			
MEDICAL	Cerrhis/s	2//	Porce-							PERFO	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	to 10 formerye									1 □ YES :	1 TYES 2 THO OF DEA			
-	Poral Typerare 1 yes 2 No											1 YES 2 NO		
AN	Canal Xailur Debelis McIfiles 26. PLACE OF DEATH (Check only one)													
S	EXAMINER?	MEDICAL	HOSPITAL:	62 (= 5000)		OTHER		ACE OF	DEATH (C)	neck only one)				
YS	1 TES 2 THO			ER/Outpetlant 3		7	7		Masidence	6 Other (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 6 P 2 Accident	ending restigation	26a. DATE OF		26b, TIMI INJ	E OF URY M		URY AT RK? YES 2	□ NO	28d. DESCRIBE HOW	INJURY OC	CCURED		
ED	2 Accident 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
COMPLET	29e. CERTIFIER (Check only one) 29e. CERTIFYING PHYSICIAN: to the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29e. CERTIFYING PHYSICIAN: to the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									and menner as stated.				
BE	296 SHENATURE AND THE	OF CERTIFIE	Togo m	>_		Т		29c. LI	CENSE NU	MBER 941		TE SIGNED	(Month, Day, Year)	
10	30. NAME AND ADDRESS OF		O COMPLETED CAL	PSE OF DEATH (ITE	4,27) (Type,	Print)	ay c	200	9 3	K Coreen				
	METIDI P FARZIA : 2525 Greenway CTR DK Coreenbus MR 21770 31. DATE FILED (Month, Day year) JAN 2 9 990 Green Way CTR DK Coreenbus MR 21770													

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
d within 24 nours af	empletely filled in by	, cremation, or rem	event, the medic
certificate be execute	ding physician and co	hygiene prior to buria	r other traumatic
quires that the death	signed by the atten	Health and Mental I	ows any injury, o
rySiCIAN: The law re-	is certificate has been	iff the State Dept. of	ed, or item 23 sh
L OR ATTENDING PI	DIRECTOR: After th	hours after death w	Item 28 is mark
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: If

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /				IEALTH DEA		MENT	AL HYGIEN	E	50	00400
- 3	1. DECEDENT'S NAME (First, Middle, Last)	טים	EDERICK						2. DAT	TE OF DEATH		YEAR	3. TIME OF DEATH
- 3	P	AUL F.	HELKER									990	3:50 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthde		IF UNDE				7. DAT	TE OF BIRTH			APLACE (State or Foreign
	214-05-6433	1 XM 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	MAY	9"1917	7	MARY	LAND
	9e. FACILITY NAME (If not institution, give st		9b. CITY	, TOWN	OR LOCATI	ON OF D	EATH		9c. COU	NTY OF D	EATH		
OR	Memorial Hospital				Cur	nber	land				A.	llega	any
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			10c. CIT	Y. TOWN	OR LOCA	TION						10d. INSIDE CITY
H	PENNA. BED	FORD			FORD								LIMITS?
	10e. STREET AND NUMBER	1000	1 014		f. ZIP COD	E			10a. CIT	IZEN OF V	WHAT COUNTRY?		
IN I	RFD# 3 BOX#	650					1552	22			-	S.A.	
FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. ARI	MED			CENDENT (OF HISPA		GIN? (Specify Yee		14. RACI	E — American Indian,
	1 Never Merried 2 X Merried		I 🗌 YES 2 📉 N MAR OR DATES	10			2 NO			lo Rican, etc.)		Blac	k, White, atc.
ВУ	3 Widowed 4 Divorced												WHITE
	15. DECEOENT'S EDUC (Specify only highest grade		(G/	CEDENT'S	work done	during me	ON ost of worki	ing	1	6b. KINO OF BUS	SINESS/IN	DUSTRY	
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COMPLETED			CARP	CTATE	IC/ ME	CUII	,					TEEL	,
	17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Meiden Surname) AUGUSTA MORTZFELDT												
BE	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)												
2	BEULAH B. HELKER RFD# 3 BOX# 650 BEDFORD, PENNA. 15522												
	20a, METHOD OF DISPOSITION		20b. PLACE			_			_		CATION -		own. State
	1 Quitel 2 Cremetion 3 Removel from State HILLCREST BURIAL PARK CUMBERLAND MARYLAND												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STLAGY—MERRITI FUNERAL HOME												
	Dole L. Merritt 404 DECATUR STREET CUMBERLAND, MARYLAND												
	23. PART I. Enter the diseases, or o	complications the	et ceused the de	eth. Do									Approximate
	ahock, Dr heart fellure.	List only one ca	use on each line					Α					Interval Between Onset and Death
- 3	IMMEDIATE CAUSE (Final disease or condition	ton	te Ke	sou	alo	W	10	ilu	NA				Hours
	immediate cause (Final disease or condition resulting in death) a. Due to (on as a consequence on)									1700000			
-	- Sepsis 12 day										12 days		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE O	F):								
S	cause. Enter UNDERLYING												
E	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
EH	resulting in death) LAST	d											
	PART II. Other significant condition	a contributing to	death but not r	esulting	In the u	nderlyin	g ceuse	given ir	Part I.	24e. WAS AN	AUTOPSY	246	b. WERE AUTOPSY FINDINGS
S	Caronic 1	tolluna	tie P	رمرو	- 11	-				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED			7							1 TYES 2	M NO		OF DEATH?
Σ.													1 123 2 1 10
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	OEATH (C	heck only	one)			
Sic	1 VES 2 NO	HOSPITAL: 1 M Inpatient 2	☐ ER/Outpatient 3	□ DOA	OTHE 4 Nu		ne 5 □ R	lesidence	6 🗆 0	ther (Specify)			
Ä	27. MANNER OF OEATH	28e. DATE O	F INJURY Dey, Year)	26b. Till	AE OF	26c. IN	JURY AT DRK?		28d. 0	DESCRIBE HOW	INJURY O	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation		,, ,,		М		YES 2	□ NO					
	3 Suicide 6 Could not be	28e. PLACE building	OF INJURY — At ho , etc. (Specify)	me, farm,	street, fac	ctory, offic	ce			I. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
1	4 Homicide determined												
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of	of my knowledge, de	eth occur	red at the	time, dat	end plac	e, end du	e to the	cause(e) end ma	nner as st	nted.	
OM	one) 2 MEDICAL EXAMINE	R: On the basis of	examination end/or	investigati	on, in my	opinion,	death occu	ured at th	e time, d	late and place, ar	nd due to	the cause(e) end manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LIC	CENSE NU	MBER		29d, DA	TE SONE	D (Month, Day, Year)
0 B	dugh	ptomis					6)33	280	0		115	190
	30 NAME AND ADDRESS OF PERIOD WH	D COMPLETED CAL	IDE OF DEATH OTE	14 OT (T-	D-1-41							7	

Memorial Hospital Medical Building, Cumberland, MD 21502

30. NAME AND ADDRESS OF PERIOD

7 1990

Dr. Gupta

31. DATE FILED (Month, Day,

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



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	BO	SIR SIR	E	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be and within 70 found after death with the Charles Don's of Health and Marial Hydiana prior to burial managing or named	IMPORTANT: If Ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	
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	1 - FOR STATE OF MAR		MENT OF HEALTH CATE OF DEAT		GENE	00 0040		
3	0.70	HANSEN		2. DATE OF DOMONTH	EATN DAY 9	3. TIME OF DEATH		
-	23 4 - 16 - 9 4 03 1 □ M 2 ☑ F 9e. FACILITY NAME (N not institution, give street and number)	70 YRS. 1	IF UNDER 1 YEAR IF UNDER IONTHS DAYS HOURS DAYS HOURS Db. CITY, TOWN OR LOCATION	MIN. (Month, Day,	119	BHTTNPLACE (State or Foreign Country) West. Virgini Y OF DEATH		
DIRECTOR	HOLY CAOSS HOSP, RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		STLVER SP	antak-	mon	TCOMERY 10d, INSIDE CITY		
	MD MONTGOMERY Y	SIC	LUER SPRI	NG	10g. CITIZE	LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?		
FUNERAL	314 VALLEYBROOK DR. 11. MARITAL STATUS 12. WAS DECEDENT EVE	ER IN U.S. ARMED	20 9	FO 4 OF NISPANIC ORIGIN? (Spi		J. FACE — American Indian,		
ВУ	1 Never Married 2 Married IF YES, GIVE WAR O		If yes, specify Cuba 1 ☐ YES 2 ☐ NO	n, Maxican, Puerto Rican, Specify:	atc.)	Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1-12 N/A	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Housewit	rk done during most of workin retired.)	16b, KIND	OF BUSINESS/INDUS	зтну		
BE CON	17. FATHER'S NAME (First, Middle, Leet) Michael A. Clark		18. MOTE	ner's name (First, Middle, Carrie Jan				
5	190. INFORMANT'S NAME (Typo/Print) Marcus C. Hansen	314 Va	DORESS (Street and Number alleybrook I	Orive, Silv				
	20s. METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ramoval from State 4 Donation 5 Other Second	other place)	wn Cemetery		Rockvill			
	Minmonthin	mag	11800 N.H.	ss of FACILITY Idi Funeral . Ave., Sil	ver Sprin	ng, Md. 20904		
	23. PART I. Euler the diseases or complications that cause of immediate Cause (Finel disease or condition resulting in death)				or reapiratory arres	Approximata interval Between Oneet and Daati		
CERTIFICATION	if any, leading to immediate cause, Enter UNDERLYING	AS A CONSEQUENCE OF):	out of	lung		6 hes		
ERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):			1			
MEDICAL	PART II. Other eignificant conditions contributing to deat	th but not resulting in	THE RESERVE AND THE PARTY OF TH	SALSCINC SO.	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputient 2 ERA		28. PLACE OF D OTHER: 1 □ Nursing Nome 5 □ Re	DEATN (Check only one)	city)			
ВУ РНУ	27. MANNER OF DEATN 1 Netural 6 Pending (Month, Day, 16) 2 Accident Investigation	OF 28c. INJURY AT WORK? M 1 YES 2	T 28d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be detarmined 26s. PLACE OF INJ building, stc. (Suicide 6 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one) 2 MEOICAL EXAMINER: On the best of my k							
BE C	29b. SIGNATURE AND TITLE OF CENTERIER	2.0	29c. LICE	ENSE NUMBER	29d. DATE 8	SIGNEO (Month, Day, Year)		

SPR 14

40g

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)

29c. LICENSE NUMBER D10690

5.120c

29d. DATE SIGNEO (Month, Day, Year) 1/13/00

LEVIN E. 4 a.D 9831 GEORY19 31. DATE FILED (Month, Dev. Year) 32. REGISTRAR'S SIGNATURE '90

Con-Rendell

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach he find within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
in 24 mours af	ety filled in by nation, or remo	t, the medica	
executed with	un and complet to burial, cren	umatic event	
h certificate be	anding physicial Hygiene prior	or other tra	
that the deal	hed by the att	any injury.	
ne law requires	has been sign Dept. of Hea	n 23 shows	
PHYSICIAN: TI	this certificate with the State	rked, or iter	
ATTENDING	RECTOR: After	m 28 is mai	
E HOSPITAL DE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	RTANT: If Ite	
TH 01	日本	IMPO	

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	for 1 - STATE REGISTRAR	STATE OF M			TMENT OF					HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	OEATH			3. TIME	OF DEATH	
	u u	elen Pres	ton Ho	lland					MONTH	rv 2		990	1.	50 p	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEA	8	IF UNDER	24 HBS	Janua 7. DATE OF	_	U., I			State or Foreign	$\overline{}$
		1 M 2 X F		YRS.	MONTHS DAY	-	HOURS	MIN.	(Month D	ev Vanci		Count	(ער		
	215-44-8597		90	THO.					Septe	2,189			aryla	and	Ц
	9e. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY, TOW	VN OR	LOCATIO	ON OF OE	ATH		9c. COU	INTY OF C	DEATH		
8	10401 Grosve	nor Lane	#1215				Roc	kvil	lle			Mon	tgom	ery	
DIRECTOR	RESIDENCE OF DECEDENT			_											=
뿐	10e. STATE 10b. COUNT	•		10c. CIT	Y, TOWN OR LO	CATIO	ON						10d. INS	SIDE CITY NTS?	
ā	Maryland . N	Montgomer	У		R	loc	kvil	lle					1 🗌 YE	ES 2 X NO	
A	10e. STREET AND NUMBER					10f.	ZIP COD	E			10g. CIT	IZEN OF	WHAT CO	UNTRY?	
FUNERAL	10401 Gro	svenor La	ne #	1215			2	20852			IIn	ited	Sta	tes	
릭	11. MARITAL STATUS				13. WAS	DECE			IIC ORIGIN? (Specity Yea					\dashv
	1 Never Merried 2 Merried	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W		NO	It yes	, spec	olfy Cuba	n, Mexica	n, Puerto Rici	in, etc.)		100		rican Indian, atc.	
B⊀	3 X Widowed 4 ☐ Divorced	IF YES, GIVE W	AH OH DATES		1 ''	YES 2	2 ANO	Specify	<i>/:</i>			Spec	Whi	t o	
	15. DECEDENT'S EDU	CATION	16a	DECEDENT'S	USUAL OCCUP	ACITA	u .		16b KI	ND OF BUS	RINESS/IN	DUSTRY	AATIT	LE	\dashv
	(Specify only highest grade	completed)		(Give kind of life. Do NOT u	work done during	most	of working	ng	100. 10	NO OF BOS	31146337114	DOSTRI			
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+)		,										
물	12		A	dmini	strativ	re_						of I	nter	ior	_
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOTI	HER'S NA	ME (First, Mick	de, Maiden	Surneme)				- 1
BE	S	amuel Pre	ston					0.	lita A	rmst:	rong				
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Str	eet an	d Number	r or Rurai I	Route Number,	City or Town	n, State, Zi	ip Code)			
일	Harvey H. Hollar	nd Jr.		7012 3	ilden	La	ne I	Rocky	ville,	Mar	vlan	d 208	852		
	20e. METHOD OF DISPOSITION		20b. PLAC	CE OF DISPO	SITION (Name o					_		- City or To			
	1 N Buriel 2 Cremation 3 Rem	oval trom State		place)	Mation	1	Cor			7 - 7	inat	on 17	inai	nia	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE >4		ngton	Nation			SS OF FA		ALT.	rngc	on,V	rrgr	пта	\dashv
		M	00335		Robe	ert	A.	Pump	phrey	Fune	ral	Home,	/		
	1 leneo	7 Ke	land		Beth	les	da-(Chev	phrey y Chas da, Ma	e, I	nc.	7557	Wis	consin	
	23. PART I. Enter the diseases, or	complications (ha	caused tha	daeth. Do	not anter the	mod	le of dy	ing, auc	h as cardle	or reapi	ratory a	rrest,	I A	pproximate	
	shock, or heart failure.			aech lina.							Interval Between Onset and Death				
	IMMEDIATE CAUSE (Finel disease or condition		,	congestiva heart fai						, ·].					
	resulting in death)	a. L. h	MIC	C 0 4	12) II	-	-	1441	1 7	000	1 - 2			yen-	-
				/	· T	1							1	ters	
CERTIFICATION	Sequantially list conditions,	P. CON 15	OR AS A CON	hy L	64-1	4-1) 4-6	NIR					'	,,	
Ĕ	If any, leeding to immediate cause. Entar UNDERLYING	DOE 10	(OH AS A CON	SECOENCE C	r;								i		
2	CAUSE (Disease or Injury	c													_
늗ㅣ	that initiated events resulting in death) LAST	OUE TO	(OR AS A CON	SEOUENCE C	IF):								ì		
E	resulting in death) CAST	d													_
- 1	PART II Other significant condition	ne contributing to	death but as	et enquition	In the contest	helma		alues In	Don't I o	1- IMP 6 4 N	AUTOROV		- WEDE A	ITTOREY ENDING	-
PHYSICIAN: MEDICAL	PART II. Other significant condition	_		1	in the under	yiiig	Cause	giveii iii	Part I.	PERFOR		241	AWAILAB	UTOPSY FINDING ILE PRIOR TO	
용티	Acute respir	atory	In pac	Jun					1	YES 2	NO NO		OF DEA	ETION OF CAUSE TH?	
Ψ	·												1 🗆 YE	ES 2 NO	
<u>.</u>									_						
₹ I	25. WAS CASE REFERRED TO MEDICAL				2	8. PL/	ACE OF C	DEATH (Ch	eck only one)						\dashv
흥	EXAMINER?	HOSPITAL:	ED/Outpation	2 - 2 - 2 - 2	OTHER:		1								\neg
إ ≼	1 VES 2 NO 27. MANNER OF CEATH	28a. DATE OF		28b. Til	4 Nursing	_	PRY AT	esidence	8 Other (S		N HIDY O	CCLIBEO			\dashv
ā	1 Natural 5 Pending	(Month, D		IN	JURY	WOF	RK?	¬	200. 02301	MBE HOW I	INJUNIT O	CCOREO			
ΒX	2 Accident Investigation						ES 2 [NO							_
	3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At etc. (Specify)	home, farm,	street, factory,	office			28t. LOCAT City or	ION (Street of Town, State)	end Numb	er or Rumi	Floute Nur	mber,	
	4 Homicide determined														
COMPLETED	29a, CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	my knowledge.	death occur	red at the time.	date :	end plece	, end due	to the cause	(e) end mai	nner as st	ated.			
M	CONSTRUCTION OF THE CONSTR	ER: On the basic of e											(e) end ma	enner ee stated.	.
8				71	Λ.	-				2144	-11:21:00				
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	alla.	10	atte	arley		ZAC. LIC	ENSE NUI	MBER 1197		29d. DA	TE SIGNE	_ /	Day, Year) - 9(1	

25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF GEATH (Check only one)								
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient :	OTHEI	8 Other (Specify)							
27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCUREO						
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fac	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

Sil my				DOI	1193	> /-	21-90
O. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type, Print)		•		
Sidhun J-	Cohen, 1	10, 12	-1 Congre	sind	Lane,	Richarde	MD 2045

32. REGISTRAR'S SIGNATURE
Julie Law door Thandall 31. DATE FILED (1400), Day, 1981) 90

1 1 1 10 10

Prom 1, 2, 3 should

TO BE COMPLETED BY FUN

DIVISION OF ATTENDING PHY DIRECTOR; After this hours after death wit Item 28 is marke		1 Natural 2 Accident 2 Suicide 4 Homicide
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREC be filed within 72 hours	TO BE COMPLETED	29e. CERTIFIER 1 (Check only 1 one) XXXXX

HYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	S	TATE OF N	MARYLAN	D / DEPAR					MENTA	AL HYGIENE			0 00400
1. DECEDENT'S NAME (First,	Middle, Last)									E OF DEATH			3. TIME OF DEATH
	RALI	PH		LEO			HO	SKER	MON]	TH 21-90		YEAR	10:40AM M
4. SOCIAL SECURITY NUMB	ER 5. 5	SEX	6. AGE (In)	rs. lest birthday)	IF UNDER		IF UNDER	-	7. DATI	E OF BIRTH		8. BIRTH	IPLACE (State or Foreign
547-42-918	5 1%	XM 2 □ F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar	. 4, Year)	28	Ča	lifornia
9e. FACILITY NAME (If not in:	stitution, give street o	end number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	EATH
9348 Cherr		Road			(Coll	ege 1	Park			Pri	ince	Georges Co.
RESIDENCE OF DEC	10b. COUNTY			40a CIT	Y, TOWN (10d. INSIDE CITY
Maryland		Georg	е				Park,	,					LIMITS?
10e. STREET AND NUMBER) .				101	f. ZIP COD	E			10g. CITI	ZEN OF V	WHAT COUNTRY?
9348 Cherr	y Hill F	Road F	501				2074	10		- 1	Uni	.ted	States
11. MARITAL STATUS 1 Never Merried 2 4 3 Widowed 4 Divor	Merried	WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES WAR OR DATE	2 NO		If yes, sp		en, Mexice	n, Puerto	IN? (Specify Yee o Rican, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, atc. White
15. DECI	EDENT'S EDUCATION IN THE PROPERTY IN THE PROPE	ON		Be. DECEDENT'S (Give kind of					16	b. KIND OF BUS	INESS/IND	DUSTRY	
Elementary/Secondary (0		ollege (1-4 or 5	+)	Ilte. Do NOT us	se retired.)	VGC25 110	AST OF WORKS	ng					
12 years	7	years		Veteri	nari	an			\perp	U.S. G	over	nmer	nt
17. FATHER'S NAME (First, Mi				•						, Middle, Maiden S	-1-1-		
Ralph Hosk	er						E)	llen	E.	Marci	el		
9e. INFORMANT'S NAME (7)								r or Rural	Route Nu	mber, City or Town	, State, Zip	Code)	
Grace Hoske					ne as								
0e. METHOD OF DISPOSITI Burlel 2 □ Cremation One Donation 5 □ Other	n 3 🗆 Removal	from State		ther place) John					eter				own, State
21. SIGNATURE OF FUNERAL		EE 🔿		l¥.	22	NAME A	ND ADDRE	SS OF FA	CILITY				
(1) And	N 00	(The	(INC	anH						l Home	alte	:sri 1 1	Le, Md.20705
disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS	ions, dieta NG ry c	DUE TO	(OR AS A C	ONSEQUENCE O	F):								
PART II. Other eignifice	nt conditions co	ontributing to	death but	not reaulting	in the u	ndariyin	g cause	givan in	Part i.	24a. WAS AN PERFOR	MED?	241	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ACCUMENTS AC
S. WAS CASE REFERRED TO						26. P	LACE OF I	DEATH (Ch	eck only	one)			
EXAMINER?		OSPITAL:	ER/Output	lent 3 🗆 DOA	OTHE 4 Nu		ne KXA	eldence	6 🗆 Ot	her (Specify)			
7. MANNER OF DEATH		26a. DATE OF	INJURY	26b. TIR		26c. IN.	JURY AT			ESCRIBE HOW II	JURY OC	CURED	
	Pending Investigation	1-20-	90	PM	M		YES XX	Д∕мо	SU	BJECT H	ANGE	D SE	ELF
MAL TOUR	Could not be	26e. PLACE (F INJURY -	- At home, ferm,	atreat, fac	ctory, offic	ce		28f. LC	CATION (Street e	nd Numbe	r or Rural	Route Number,
	determined	Juliang	, see capacity		ME						ry H	ill	Road, College
	TIFYINO PHYSICIAN								Pri	nce .Geo	rges	COU	
SIDMATURE AND TITLE	OF CERTIFIER	Selle	V	1 1				CENSE NU	MBER		29d. DAT		D (Month, Day, Year) -22–90
MARIO F. (GOLLE, J	OMPLETED CAU	SE OF DEAT	H (ITEM 27) (5)d	Print) 111	. Per	nn St	reet	.Ba	ltimore	,MD	2120)1 vc
31. DATE FILED (Month, Day, JAN 23		32. REGISTR	and a	une Mandal	20								

rulia Devideon Rondoll

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DHMH-16 Rev 1/89

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DINOUS C	with the State Dept. of Health and Merrial Hygiene prior to burial, cremation, or removal.	the second secon
page		4
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	1 - STATE OF MA	RYLAND / DEPART CERTIFIC	MENT OF H	EALTH AND N	MENTAL HYGIEN REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)	Mildred Fer	n Hintz			AY YE					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 M F 9. FACILITY NAME (if not institution, give atreet and number)	71 YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN, R LOCATION OF DE		0	entriplace (State or Foreign country) innesota				
TOR	Shay Grove Advertist	Hosp.		ville			gomery				
FUNERAL DIRECTOR	100. STATE 10b. COUNTY Maryland Montgomery		town on Locat			-	10d. INSIDE CITY LIMITS? 1 YES 2 XNO				
JAL I	10e. STREET AND NUMBER			ZIP CODE			OF WHAT COUNTRY?				
INEF	20001 Sweet Gum Circ. 11. MARITAL STATUS 12. WAS DECEDENT B		13 WAS DEC	20874	IIC ORIGIN? (Specify Ye		d States RACE - American Indian,				
ВУ	1 Never Merried 2 Merried FORCES? 1 IF YES, GIVE WAR	YES 2 NO	It yes, sp	2XXNO Specify	n, Puerto Ricen, atc.)		Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		rk done during mo retired.)	at of working	16b. KIND OF BU		RY				
MP	12	Beau	ticiar		Beaut						
00	17. FATHER'S NAME (First, Middle, Last) John Berryman				ME (First, Middle, Maiden l Britta:						
TO BE	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Tox						
-	Rebecca Lee 9773 Lakeshore Dr. Gaithersburg MD 20879										
	20a, METHOD OF DISPOSITION 1 Or Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 4 Openation 6 Other (Specify) 20c. LOCATION - City or Town, State Mexico, Indiana										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				dy Funeral						
	Dillin B. Clark	MOO 827			St. Peru,		0				
ATION	23. PART VEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of):										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to de	NAUTOPSY RMED? 2 (4 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PI	ACE OF DEATH (Ch	eck only one)						
HYS	1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ E 27. MANNEB OF DEATH 28e. DATE OF IN				6 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED .				
ВУ Р	1 Netural 6 Pending (Month, Day,	Year) INJU		PIK? (ES 2 NO							
		INJURY — At home, farm, at c. (Specify)	reet, factory, offic	•	26t. LOCATION (Street City or Town, State		tural Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examiners.						use(e) end manner ee stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER WOL	(mo		29c. LICENSE NUI	129	29d. DATE SH	GNED (Month, Day, Year)				
_		28-getinante	own Rd	9.esman	lown, md	2087	4				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR' Giorge	S SIGNATURE	2								

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ı	-	STATE REGISTR	AR
7	-	ECEDENT'S	MA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last	-				DATE OF DEATH	YEAR	3. TIME OF DEATH		
Frank S. Ha	rris			-	1/5/90		5:45 4.		
4. SOCIAL SECURITY NUMBER 577-63-8104			IF UNDER 1 YEAR	HOURS MIN. 7. 8	Month: Day Joan / 18	93 No	orth Carolin		
9a. FACILITY NAME (If not Institution, give				R LOCATION OF DEATH		COUNTY OF			
National Lu	theran Hom	е	Rock	ville,		Mont	gomery		
10e. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
_	ntgomery	Si	lver S				1 X YES 2 NO		
9109 Bradfor	d Road		10f	20901	10g.	U.S	· A .		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	s 2XXVIO	If yes, sp	ENDENT OF HISPANIC O acity Cuben, Maxican, Pu 2 NO Specify:	RIGIN? (Specify Yes or No eerto Ricen, etc.)		ACE — American Indian, ack, White, etc.		
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S US	SUAL OCCUPATION CONTROL OCCUPATI	ON st of working	16b. KIND OF BUSINESS	S/INDUSTRY	1		
Elementary/Secondary (0-12)	College (1-4 or 5+)		eeper		statis	tica	1		
17. FATHER'S NAME (First, Middle, Last)			-	16. MOTHER'S NAME (First, Middle, Maiden Surnai	ne)			
Francis	S. Harris			Carr	ie C. C	oghi	11		
19a. INFORMANT'S NAME (Type/Print)	3 - Do 1 - 1 3	1			Number, City or Town, Stat		20050		
Rev.Dr.Richar					Rockville	•			
1 M Burial 2 Cremation 3 Ra 4 Donation 6 Other (Specify)	moval from State	other place) Cedar H	ill Ce	metery			, Maryland		
21. SIGNATURE OF FUNERAL SERVICE I	CENSEE			p ADDRESS OF FACILITY NE HYSON		-	ahimatan D		
23. PART I. Enter the diseases, or	4000						shington, D		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. A CHY TO OR AS	/	ARDI	AC AFK	087	10	Interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algolificant condition	ons contributing to deeth	but not resulting in	the underlying	cause given in Pari	i. 24a. WAS AN AUTO	PSY 2	4b. WERE AUTOPSY FINDINGS		
			the underlying	y cease given in rail	PERFORMED		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
							1 - YES 2 -NO		
25. WAS CASE REFERRED TO MEDICAL									
EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Check of					
27. MANNUE OF DEATH	1 Inpetient 2 FER/O			BY AT 284	Other (Specify) 1. DESCRIBE HOW INJURY	COCCURED			
1 Netural 6 Pending 2 Accident Investigation	(Month, Day, Year		RY WO	PRK?	a. DESCRIBE NOW INSUR	OCCURED			
3 Suicide 6 Could not b	28e. PLACE OF INJU building, etc. (S	281	281. LOCATION (Street and Number or Flural Route Number, City or Town, State)						
anal only	SICIAN: To the best of my kn						e(s) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIF	HO COMPLÉTED CAUSE OF	DEATH (ITEM 27) (Type 5	Print)	29c. LICENSE NUMBER	294	DATE SIGN	ED (Marker, Day, Wast)		
Chouds E	Dobley M	7 17909	160	TOR Aven	ac Ohna	4 1	d 18832		
JAN 22 90	32. REGISTRAR'S SI	gnature Vidson-Randell	2			100			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death, Page 8 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netfilled at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89

STATE WE

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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and a few	Called	Should		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at over
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	Y: Ine	cate h	State	Item
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i	10 H	E P	be file	MP0

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICAT	NT OF HEALTH AND I	MENTAL HYGIENE			
1. DECEDENT'S NAME (First, Middle ANTHONY B.				2. DATE OF DEATH DAY Jan. 23,	1990	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 219-90-7488	5. SEX 6. AGE (27 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) Feb. 5, 196	8. BIRTHE Country Mar	yland	
9a. FACILITY NAME (If not institution 100 Louise	Terrace	9b. Ci	TY, TOWN OR LOCATION OF DE Glen Burnie		Anne A		
100.01.01	Anne Arundel		or Location en Burnie			10d. INSIDE CITY LIMITS?	
100 Louise			101. ZIP CODE 21061		10g. CITIZEN OF W	HAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II	2 2 NO	3. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica 1 YES 2 ND Specify	n, Puarto Rican, etc.)	r No 14. RACE Black, Specifi	— American Indian, White, etc.	
15. DECEDEN	"S EDUCATION st grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired	ne during most of working	16b. KIND OF BUSIN	Whi NESS/INDUSTRY	te	
17. FATHER'S NAME (First, Middle, Robert Hugh				ME (First, Middle, Meiden St Helmling			
19s. INFORMANT'S NAME (Type/Pri Robert Hugh	es	147 Mai	ess (Street and Number or Aural I n Street, E	Blossburg	, PA 16		
20g, METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 4 Connection 5 Other (Spec	Ramoval from State	Steam Vall	(Name of comotory, crematory or ey Cemetery 12. NAME AND ADDRESS OF FA aylor funer 47 Glouces 1	dacks chapel	L	nship 21401	
	s, Dr compile Hons that cause allure. List only one cause on a		tar tha mods of dying, suc	h as cardiac or respire	otory srrest,	Approximsta Interval Between Oneet and Death	
Sequantially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· opspru	A CONSEDUENCE OF):	RENAZ I	085652			
PART II. Other significant co	nditions contributing to death to	out not resulting in the	undariying cause givan in	Part I. 24a. WAS AN A PERFORM 1 YES 2	IED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 MO	HOSPITAL: 1 Inpatlant 2 ER/Out	OTH	26. PLACE OF DEATH (CH				
27. MANNER OF DEATH 1 Natural 5 Pend	28e. DATE OF INJURY (Month, Day, Year)	286. TIME DF	28c. INJURY AT WORK? 1 1 YES 2 NO	28d. DESCRIBE HOW IN.	JURY OCCURED		
2 Accident Investigation Suicide Suicide Accident Suicide Accident Suicide Accident Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Accident Suicide Accident Acc							
CONSULT ONLY	G PHYSICIAN: To the beat of my know) and manner as stated.	
290. SIGNATURE AND TITLE OF C	tile mi		29c. LICENSE NU	MBER 58	29d, DATE SIONED	(Month, Day, Year)	
GREGORY	A. MITCHELL	MD. 20	25 RIDGELY	Au Aux	APO LIS	MD 214	
31. DATE FILED (Month, Day, Year)	6 1990 File Live	Solver Voylor	,				

DHMH-16 Rev 1/89

	FOR STATE REGISTRAR	E OF MARYL		TMENT OF H		IENTAL HYGIEN	E		
	CARY GRA	ada .	HEN	endrix O RIX	1	2. DATE OF DEATH DA	3 190	10 2000 M	
	4. SOCIAL SECURITY NUMBER 5. SEX 21874 6788 154 98. FACILITY NAME (If not institution, give street and nu	2 of 2	(In yrs. last birthday) Q YRS.	MONTHS DAYS	HOURS MIN.	A	a a	IRTHPLACE (State or Foreign ountry) Maryland	
TOR	ER HARFORD RESIDENCE OF DECEDENT	,	HOSP	HAV		GRACI		ARFONS	
DIREC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD HARFOND HAVE DE GRACE								
FUNÉRAL DIRECTOR	100. STREET AND NUMBER 23 Alton Street AND NUMBER 24 Alton Street AND NUMBER 25 AND NUMBER	reet XX		10f	210C)	1.15	OF WHAT COUNTRY?	
B⊀	1 Nover Married 2 Married FORG	DECEDENT EVER I SES? 1 YES S, GIVE WAR OR D	2 NHO	If yes, spe	ENDENT OF HISPANI city Cubest Mexican 2 Specify:	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	1	RACE — American Indian, Black, White, atc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College	(1-4 or 5+)	(Give kind of a life. Do NOT us	usual occupation work done during mose retired.) Livery—M	at of working	Video	iness/industr		
BE CON	17. FATHER'S NAME (First, Middle, Last) Herbert Clifford He	endrix				ne (First, Middle, Maiden Aye Holbr			
2	19a. INFORMANT'S NAME (Type/Print) Lena F. Parthree					oute Number, City or Yow. rdeen, Md.		9)	
	20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 X Removal from 4 Donalion 5 Other (Specify)	Stale 20	other place) Sparta C	emetery		Spa	erta, N	orth Carolina	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P 1317 Cokesbury Road, Abingdon, Md. 210								
	23. PART I. Enter the diseases, or complicate ahock, or heert fellure. Liet only IMMEDIATE CAUSE (Finel disease or condition	one ceuse on	ech fine.					Approximata interval Between Onset and Death	
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE O	MOT n:	ON VE	HICLE F	fune	WT	
BY PHYSICIAN: MEDICAL C	PART H. Other significant conditions contrib	BRAL		LIED		Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
YSICIAN	25. WAS CASE/REFERRED TO MEDICAL EXAMINER? 1 Ses 2 No 1 Input		tpatient 3 DOA	OTHER:	ACE OF DEATH (Che	The second second			
	1 Natural 5 Pending 2 Accident Investigation	PLACE OF INJUR building, atc. (Spe	90 19 Y - Al home, farm, activ)	126 10	PRK? YES 2 NO	28d. DESCRIBE HOW I A T A C T O 281. LOCATION (Street City or Fown, State) A T L O	A AT	HIGH SPEED WIRDER ST BUVOLUTIUN	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To to the control of the							use(s) and menner sa stated.	
TO BE C	29b. SIONATURE AND TITLE OF CERTIFIER G. MANE AND ADDRESS OF PERSON WHO COMPL	FTED CAUSE OF D	OME	a Print)	29c. LICENSE NUM	BER 309		ONED (Month, Day, Year)	
	G.PRASHU 1810	SEZA BEGISTRAR'S SIG	in no		FAUS	M 165	1 0 210	047.	
	JAN 25 '90	Lilia Davide	on-Randale					v	

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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted wit	and comple burial, cre	atic even
BOX	icate be ex	physician a	er traum
P.O.	eath certif	tal Hygier	f, or oth
ADS,	nat the de	by the a	ny injury
SECO!	requires t	een signed of Health	shows ar
TAL	The law	ate has b	tem 23
DF VI	HYSICIAN	is certific rith the S	ed, or l
ONO	VOING PI	: After th	is mark
IVISI	OR ATTE	OURS after	lem 28
	SPITAL	NERAL D	VT: II II

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	-all T	Hal	1		2. DATE OF DEATH		3. TIME OF DEATH
~	4. SOCIAL SECURITY NUMBER 2. 5 - 2. 0 - 0.8/7 90. FACILITY NAME (If not institution, give to the second of the s	5. SEX 6. AGE	5 YRS. MON	THE DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	es Hom	10c. CITY, TO	OWN OR LOCATION	n das		100	10d. INSIDE CITY LIMITS?
FUNERAL D	100. STREET AND NUMBER 5/0 Edgew	edd Aye	Camp. Me	101.2	CIP CODE	3	4	OF WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 PNO	If yes, spec	IDENT OF HISPANITY Cuber, Mexicon PNO Specify.	IC ORIGIN? (Specify Yon, Puerto Rican, etc.)	ne or No 14.	RACE - American Indian, Black, White, etc. Specify:Black
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most	of working	16b, KIND OF BI	JSINESS/INDUST	TRY
BE CON	17. FATHER'S NAME (First, Middle, Lest)	/dal	/		Herr	ME (First, Middle, Meide	Wo	olford
101	19e. INFORMANT'S NAME (Type/Print) MAY 20e. METHOD, OF DISPOSITION	S EV	723 N.	Some	renseT	loute Number, City or To	inces	FARM, Md.
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	noval from State	other place)	rang (ADDRESS OF FAC	/	fu-loc	or Town, Stafe
	· Ganel	le C. He	n	Hen	my F	unera	16	lone no.
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pem e	each lina.	enter the mod	a ot dying, aucr	aa cardiac Dr rea	piratory arrest	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	b. Norm DUE TO (OR AS C. Cerve	A CONSEQUENCE OF): A CONSEQUENCE OF):	rdgler	Hydroc Cysis	eplohe		
MEDICAL	PART II. Other algnificant condition	ns contributing to death t	but not resulting in t	he underlying	cause given in		N AUTOPSY DRMED? 2 No	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		26. PLA THER:	CE OF DEATH (Che	6 Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WOR	RY AT K7 S 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, atre- ocify)	et, factory, office		26f. LOCATION (Street City or Town, State	t and Number or e)	Rurel Route Number,
COMPLETED	(onton only	SICIAN: To the best of my know IER: On the basic of examination						euse(e) end manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	callen			29c. LICENSE NUN	388	29d, DATE S	IGNEO (Month, Day, Year) 2490
	31. DATE FILEO (MANP2 Year) '90	32. REGISERAR'S SIG					<u></u>	

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mounts after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have find within 72 hours after neath with the State Dent. of Health and Mental Hydiene prior to burial, cremation, or removal.	3 should
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	0

	FOR STATE OF MARYLANI 1 - STATE REGISTRAR			HEALTH AND	MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last) William P. Horkey				2. DATE OF DEATH MONTH DA	LY.	YEAR 2.50 AM M
		s. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign
	216-01-9732 15KM 2 🗆 F	78 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12 - 24	- 11	Maryland
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWI	OR LOCATION OF DI	EATH	9c. COUNT	TY OF DEATH
0	Saint Agnes Hospital		Balti	more			
EC	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOC	CATION			10d. INSIDE CITY
DIRECTOR	Maryland Baltimore		Arbutu	ls			LIMITS?
AL	10e. STREET AND NUMBER		T	101. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
FUNERAL	74 Colony Hill Ct. Apt. # 1A			21227		US	SA .
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S FORCES? 1 VES 2			ECENDENT OF HISPAT specify Cuban, Maxics	IC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.
84	1 Never Married 2 Married 3 Wildowed 4 Divorced FYES, GIVE WAR OR DATES			ES 2 NO Specif			Specify:
- 19	15. DECEDENT'S EDUCATION 16e	. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BUS	SINESS/INDI	White
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of v	work done during .	most of working			
릴		Firebr	ick Lay	er	Smelti	ng	
Ö	17. FATHER'S NAME (First, Middle, Leet)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE (Frank Horkey			Eliza	beth McCra	cken	
2	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Tow		
	James W. Horkey				thicum, Md		
	100 Burial 2 Cremation 3 Removal from State oth	er place)		cometery, crematory or raal Park			re. Maryland
	21. SIGNATURE OF BUNERAL SERVICE LIGENSES	down kd	22. NAME	AND ADDRESS OF FA	CILITY		
	· /hush land	in			an Funeral		
	23. PART I. Enter the diseases, Dr complications that could the shock, or heart fellure. List only one cause on soh IMMEDIATE CAUSE (Final	e deeth. Do r line.	not enter the r	mode of dying, suc	Elkridge. h se cardlec or reap	ratory arre	1and 21227 st, Approximate interval Between Onset and Death
	disease or condition resulting in deeth)		ardiae	arrythmic	X .		6 min
	DUE TO (OR AS A CO	NSEQUENCE O	5:	failure			(1
NO N	Sequentially list conditions, DUE TO (OR AS A CO)	NSEQUENCE O	Tenal	Tailure			6 0075
E	If any, leading to immediate cause. Enter UNDERLYING	R	untured.	abbrained a	oshi antws	c	10 dos
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CO)			- Townsel	03-16 4516-07	, - 4	-/
1	resulting in deeth) LAST						
CC	PART ii. Other significant conditions contributing to death but n	not mouiting	in the underly	ing cause given in	Part I. 24s. WAS AN	Memorey	24b. WERE AUTOPSY FINDINGS
		iot recording	in the underly	ing caces given in	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TES 2	NO	OF DEATH?
Σ					—		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (C)	eck only one)		
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient	nt 3 🗆 DOA	OTHER:	ome 6 🗆 Rasidence	6 Other (Specify)		
PHYSICIAN: MEDICA	27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCI	URED
BY				YES 2 NO			
	1 Netural 5 Pending				itreet and Number or Rural Route Number, State)		
8	1 Netural 5 Pending	At home, farm,	street, factory, of	ffice	28t. LOCATION (Street : City or Town, State)		or Rural Route Number,
8	1 Netural 5 Pending Pending Pending				City or Town, State)		
8	1 Netural 5 Pending Investigation 2 Accident Suitcide 6 Could not be determined 2 Be. PLACE OF INJURY — J building, etc. (Specify) 2 Be. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge.	e, death occurr	ed at the time, d	ate and place, and dus	City or Town, State) to the cause(a) and me	nner as state	d.
COMPLETED	1 Netural 5 Pending Investigation 2 Accident Suicide 4 Homicide 6 Could not be determined 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge 1 CER	e, death occurr	ed at the time, d	ate and place, and dus	City or Yown, State) to the cause(s) and mer time, data and place, ar	nner as state	d. cause(s) and menner as stated.
ED	1 Netural 5 Pending Investigation 2 Sec. PLACE OF INJURY — Journal of Examined 2 Sec. PLACE OF INJURY — Journal	e, death occurr	ed at the time, d	ate and place, and dus	City or Yown, State) to the cause(s) and mer time, data and place, ar	nner as state ad due to the	d.

32. REGISTRARY SIGNATURE
Julia Davidson-Randall

31. DATE FILED (Month, Day, Year)

9 '90

PM

permit. Pages 1, 2, 3 should

burial-transit

BALLIMORE, MARYLA	urs after death. Page 6 may be retained by the	In by the funeral director, page 5 should be or removal.	medical examiner must be notified at
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competed with the funeral director, page 5 should be to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at a

ВУ

BE COMPLETED

2

	1 - FOR STATE REGISTRAR	STATE OF MAI			TMENT 0			MENTAL	HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last) ELLEN HINTEN		LEN B.	HINT	TENACH		·	2. DATE O MONTH	O 1	11	YEAR 90	3. TIME OF DEATH 11:30 P
	4. SOCIAL SECURITY NUMBER 220-05-8306	1 🗆 M 2 🖫 🕌	AGE (In yrs. Ias	t birthday) YRS.		YS I	IF UNDER 24 HRS.	JULY		1908	8. BIRT Coun	HPLACE (State or Foreign MARYLAND
TOR	9a. FACILITY NAME (If not institution, give of CATONSVILLE ME) RESIDENCE OF DECEDENT				9b. CITY, TO		LOCATION OF DE	EATH			ALTI	MORE
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	LTIMORE			Y, TOWN OR L							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ERAL	100. STREET AND NUMBER 424 OVERBROOK ROA	AD					1228				S.A.	WHAT COUNTRY?
B√	11, MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 X	NO	If yo	a, speci	IDENT OF HISPAI Ify Cuben, Mexica X NO Specif	in, Puerto Ri	(Specify Yea	or No—	14. RAC Blac Spec	E — American Indian, ck, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 1.2	College (1-4 or 5 +)	(G life	CEDENT'S live kind of Do NOT u	USUAL OCCU work done durin se retired.)	PATION og most	of working	16b.	RESTA			
OM	17. FATHER'S NAME (First, Middle, Last)	ast) 16. MOTHER'S NAME (First.						ME (First, M	First, Middle, Meiden Sumame)			
BE C	HARRY O. JOHNSON ANNIE							OTT				
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Route Num						Route Numbe	City or Tow	n, State, Zij	o Code)		
F	SANDRA BENTON 2001 EDMONDSON AVENUE, CA						E, CAT	ONSVI	LLE,	MD.	21228	
	20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	1 LXBuriel 2 L Cremetion 3 L Removal from State T 1/141/18/97€157			PARK CEMETERY					CATION —		own, State MD •
	21. SIGNATURE OF FUNERAL SERVICE LI			LER	OY	M. & RU DMONDSO	SSELL	C. W	ITZK	E FU SVIL	NERAL HOMES	
Z	2. PART /. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List they one cause	AS A CONSE	dia	il !	I mode		ction Ds		4		Approximate Interval Betwee Onset and Deal
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition	na contributing to dat	nth but not a	resulting	in the under	riying	cause given in		24a. WAS AN PERFOI 1 YES 2	RMED?	24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3	DOA	OTHER:		CE OF DEATH (Ch					
PHY	27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,)	URY bar)	28b. TIN	IE OF 284	. INJUF		28d. DE\$0	RIBE HOW I	NJURY OC	CURED	

26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 \(\text{Nursing Home} \) 5 \(\text{Residence} \) 8 \(\text{Other (Specify)} \) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending Investigation М 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be datermined 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TYTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1/12/90 30. NAME AND SOURCES OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print) JOHN H. SHAW M.D. 5800 EDMONDSON AVENUE, BALTIMORE, MD.21228 31. DATE PILED (MONTH), Day, Year) 32. REGISTRAPIS SIGNATURE Pandale

4 DECEMENTS STATE	no Adlabation 4			ENIII	ICATE (JF DEA	ПП		REG. NO).		
1. DECEDENT'S NAME (F)	nt, Middle, Lest)	HARR	2/5					2. DATE O		4Y 90	YEAR :	3. TIME OF DEATH
4. SOCIAL SECURITY NUI		5. SEX	6. AGE (In yrs. In	est birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE O	F BIRTH Day, Year)	8.	BIRTHR	ACE (State of Foreign
577-84-044		1 🗌 M 2 💢 F	84	YRS.	MONTHS D.	YS HOURS	MIN.	Dec.		1905	Jack	ksonville
9a. FACILITY NAME (II not	1 14	etreet and number)	AL H	bsp	9b. CITY, TO	WN OR LOCAT	PCIA	EATH		9c. COUNTY	OF DE	Georga
10a. STATE	10b. COUNT				Y, TOWN OR I						1	NO. SMSHOE CITY LIMITS?
Maryland		ce George	s	Mt	. Rain						_	YES 2 NO
106. STREET AND NUMBE		1 7 1 1/1	0.0			101. ZIP COL				C		HAT COUNTRY?
3107 Queen	Chape.	12 WAS DECEDED	T EVED IN II C	PHED	12 140	DECENDENT	712	NIC ODICINA	(Panalhi Va	Unite	-	- American Indian.
1 Never Married 2 SXWidowed 4 Di		FORCES?	YES 2 X	NO	If yo	s, specify Cub	an, Maxica	in, Puerto Ri		8 OF NO 14	Black, Specify	White, etc.
15. DI	CEDENT'S EDU	ICATION Complished	16a. C	DECEDENT'S	USUAL OCCU	PATION	daa	16b. I	UND OF BU	SINESS/INDUS	STRY	
Elementary/Secondary		College (1-4 or 5	+)	louse	rae retired.)	g most or work	ung	P	rivat	e Home		
17. FATHER'S NAME (First,								ME (First, Mi		Surname)		
Archie Th								binso				
Marjorie			1							vn, State, Zip Ca [t. Rai		r,MD 20712
20s METHOD OF DISPOS		eservice lines.	20b. PLAC	E OF DISPO	SITION (Name				_	OCATION — CH		
4 Donation 6 POth	er (Specify)	PROCEEDINGS OF THE PROCESS OF THE PR	Lir	icoln	Memor				Sui	tland,	Ma	ryland
21. SIGNATURE OF FUNE	erva	. 0	fact	h		E AND ADDR		Mc				Service
23, PART I. Enter the	diseases, or	complications the	at caused the c	daath. Do								Approximate
IMMEDIATE SAUSE (I	heart fallure.	List only one ca	use on each lir	ne.								Onset and Desti
disesse or condition resulting in death)	\rightarrow	· +	schem	51	Heart	· Dr.	seige					
		DUE TO	OR AS A CONS	EOUENCE C	0F):							
Sequentially list cond if any, leading to imm	ediate	b. DUE TO	40R AS A CONS	EOUENCE O	(PF):							
CAUSE (Disease or in		c	OR AS A CONS	EOUENCE (OF):		<u> </u>					
that initiated events resulting in deeth) Li	ST	d	,									
PART II. Other signifi	esnt condition	na contributing to	death but not	t recuiting	in the unde	lying cause	given in	Part I.	24a, WAS A	N AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
							of other one		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								-	. □ tES	- XNO		OF DEATH?
								-				1.0 2 _ 10
25. WAS CASE REFERRED	TO MEDICAL	11005:				8. PLACE OF	DEATH (C/	heck only one)			
1 VES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	Home 6 🗆 I	Rasidenca	a 🗆 Other	(Specify)			
27. MANNER OF DEATH	Pending	28a. DATE O	F INJURY Day, Years	28b. TH	JURY	NJURY AT WORK?		28d. DES0	PIBE HOW	INJURY OCCU	RED	
2 Accident	Investigation	28a DI ADE	DE IN HIEW AL				□ NO	284 1 000	TION (C)	and More have	- Pro-15	nute Mambar
3 Suicide 6 [Could not be determined	building	OF INJURY — At I , atc. (Specify)	nome, Tarrin	traet, factory	orrica		City of	TION (Street r Town, State	and Number of	HURLI PIO	oute Number,
29a. CERTIFIER	RTIFYING PHYS	SICIAN: To the best of	d my knowledge	death occur	rad at the time	data and nine	ca and du	to the caus	m bos (s)or	enner se stated		
contact only		Control of the contro										and menner as stated.
29b. SIGNATURE AND TIT				- 1			CENSE NU		1911			(Month, Day, Year)
Topy Ordinal Pull Little III						200 0						
Mail	in y	Mous	MD			T	20	362		D //	19	190



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JAN 23 '90

ia Navidson-Mandalle

20782

lyattsville

permit. Pages 1. 2, 3 should

1

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ! CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE O	OF DEATH	v	YEAR	3. TIME OF DEATH
	Catherine	M. Hey	vitt							Jan.		 1990	TEAN	/ZP M
- 1	4. SOCIAL SECURITY NUMB	ER	8. SEX	6. AGE (in yrs. last	birthday)	MONTHS	YEAR DAYS	IF UNDE	24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
	577-10-6918		1 M 2 X F	77	YRS.			tato.			2.191	2	Wash:	ington.D.C.
	9a. FACILITY NAME (If not in	stitution, give at	reet and number)			9b. CITY,	TOWN	OR LOCAT	ON OF DE	EATH		9c. COU	NTY OF DE	ATH
0	3612 26th A	ve.				Temp	le_	Hill:	S			Prin	ice G	eorges
EG	10a. STATE	10b. COUNTY	,		10c. CITY	, TOWN O	R LOCAT	TION					Т	10d. INSIDE CITY
E	Marvland	Prince	Georges	3	Tem	no1e	H: 1	1 e						LIMITS? 1 YES 2 NO
A	10s. STREET AND NUMBER			4		11.11.		. ZIP COD	ε			10g. CIT	IZEN OF W	HAT COUNTRY?
BY FUNERAL DIRECTOR	3612 26th	Ave.						20	748				U.S.	Α.
5	11. MARITAL STATUS			IT EVER IN U.S. ARI						NIC ORIGINI	(Specify Yea	or No-	14. RACE Block	- American Indian, White, atc.
*	1 Never Married 2 🔀 3 Widowed 4 Divo			MAR OR DATES				2 😿 NO			,,		Specif	y:
	15 DEC	EDENT'S EDUC	CATION	16a DEC	EDENT'S	USUAL OC	CLIDATI	ON		165	KIND OF BUS	INESS/INI	nietpy	white
	(Specify online Elementary/Secondary (Control of the Control of th	y highest grade	completed) College (1-4 or 5	(Gi	e kind of w Do NOT us	vork done d e retired.)	uring mo	ost of work	ng	100.	KIND OF BOX	MEGGIN	DOSINI	
2	12	-12)	College (1-4 of 5		hase	r				11	S. Cou	rt Ci	ratom	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Leat)		Tour				18. MOT	HER'S NA		iddle, Meiden		V.S.I.EIII	
BEC	unobta	inable	2	Montag	ue					นก	obtai	nable	2	
0	19a. INFORMANT'S NAME (lype/Print)				ADDRESS	(Street	and Numbe	or Rural	Route Numb	er, City or Tow	n, State, Zij	Code)	
F	Vincent J.		t = -/- =							Hi11	s. MD	207	748	
	20a. METHOD OF DISPOSIT 1 ☐ Burlel 2 ☐ Crematic	on 3 🗆 Remo	oval frigor State	20b. PLACE (other pla	OF DISPOS	SITION (Ne/	ne of ce	metery, cre	metory or		20c. LO	CATION —	City or Ton	wn, State
	4 ☐ Donation 8 ☐ Other 21. SIGNATURE OF FUNERA		red to	Resi	rrec	tion	Cer	mete:	ry	OH 1774	C1:	intor	, MD	
-	21. SIGNATURE OF POWERS	L SERVICE LIC	L M		1	10.50					4	4308	Suit	land Rd.
	2	za	7 /	Mou	10	Ro	ber	t E.	Will	helm,	Inc. 9	Suit1	land,	MD.20746
7	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in desth)	èary failure.	s. Cude DUE TO	O (OR AS A CONSE	WENCE OF	AR								Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disesse or inju that initiated events resulting in death) LAS	diate ING Jry	c	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTIO	IUENCE OF	r):								
	PART II. Other significa	ent condition	s contributing to	desth but not n	sulting	In the un	derlyin	g cause	given in				WERE AUTOPSY FINDINGS	
MEDICAL	gane.	haperd	tie f.	ulnon	1 De	sen	re	,			PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAU			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	gane	ma												1 YES 2 NO
_	0	1												
CIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		LACE OF	DEATH (C)	heck only on	9)			
PHYSICIAN:	YES 2 NO		1 Inpetient 2	☐ ER/Outpetlent 3	□ DOA	OTHER	Ing Hor	_	lesidence	8 🗆 Other	(Specify)			
ВУ РН	27. MANNER OF DEATH Netural 8 2 Accident	Pending Investigation	28a. DATE O (Month,)	F INJURY Day, Year)	28b. TIM INJ	E OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DES	CRIBE HOW	NJURY OC	CURED	
	3 Sulcide 8 4 Homicide	Could not be datermined	28e. PLACE (building	OF INJURY — Al ho , etc. (Specify)	me, farm,	street, fact	ory, offi	ce		28f. LOCA City o	ATION (Street or Town, State)	and Numbe	or Rural F	loute Number,
COMPLETED	CONDUCTORINY			f my knowledge, de examination end/or i) and manner as stated.
BE CC	29b. SIONATURE AND TITLE	e of Certifie						TIG			29d. DA	TE SIONEO	(Month, Day, Year)	
5	30. NAME AND AGORESS O	F PERSON WH	OCOMPLETED CAL	USE OF DEATH (ITE	# 27) (Type	, Print)	_	/ .	,, 6				1-4	70,
	LINDA W.	hittay	140 9	SSG CR	Ariv I			tpp	2 1	month	evo, K	io.	207	72
	JAN 24 '90	/	John Davi	dson-Randa	02									

Band of	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or mine the formal direction, page 5 should be detached for use the function of the filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

BALTIMORE, MARYLAND 21203-5146

											90	03446
	FOR 1 _ STATE	STATE OF M						D ME	NTAL HY	GIENE		
	REGISTRAR		C	ERTIF	ICATE	OF DE	ATH		RE	3. NO.		
- 9	1. DECEDENT'S NAME (First, Middle, Last)		11						DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
- 3	JOHN H	ENRY	HAS	FLBI	ER68	-R				30	90	550 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER		OER 24 HF		DATE OF BIR		8. BIRTHP Country	LACE (State or Foreign
	214-05-4150	1 XM 2 - F	7	3 YRS.	MONTHS	DAYE HOU	AS MI	P1 .	05-21-		Gountry)	MD
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN OR LOC	CATION O				INTY OF DE	
E E	Frostburg Vill	age Nursi	no Hom	10	Fr	ostbur	~				11000	
DIRECTOR	RESIDENCE OF DECEDENT	age Mulsi	ing non	ie	PL	USLUUI;	5			E	llega	пу
) W	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCATION						10d. INSIDE CITY LIMITS?
百	MD A1	legany				Cumber:	land					1 YES 2 NO
PP	10a. STREET AND NUMBER					10f. ZIP C				10g. CI	IZEN OF WI	IAT COUNTRY?
FUNERAL	Route 1 Box 21	1 - Mr. S	Savage	Road		21	502				US	2 ^
2	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	ARMED	13. \	MAS DECENDER	T OF HI	SPANIC C	ORIGIN? (Spe	olfy Yea or No-	14. RACE	- American Indian.
	1 Never Merried 2 X Married	FORCES? 1)		NO		f yes, epecify C			verto Rican,	HC.)	Black, Specify	White, atc.
BY	3 Widowed 4 Divorced							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				white
입	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. S	DECEOENT'S	USUAL OC	CCUPATION turing most of w	ndina		16b. KIND	OF BUSINESS/IN	DUSTRY	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 6+)		ife. Do NOT u	se retired.)	unng most or w	oning					
릴	12			reti	red	manage:	r		F	harmacy	r	
COMPLÉTED	17. FATHER'S NAME (First, Middle, Last)					18. A	OTHER'S	S NAME ((First, Middle,	Meiden Surneme)		
	Joseph	Haselberg	er					1	Mary M	IcKenna		
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street and Nur	mber or R	_		or Town, State, Z	(p Code)	
유	Mrs. Mary Anna	Haselbero	rer	Rout	e 1	Box 21	1. 0	lumbe	erland	, MD 21	502	
	20a. METHOD OF DISPOSITION	docrocre	_			me of cometery,				20c. LOCATION -		m. State
	1 XBuriel 2 Cremetion 3 Rem	oval from State	other	place)		ul Ceme						
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		rete		NAME AND ADI			TY	Cumbe	rland	I, MD
	•(/-	1	.//	6.		Scarpe.				lome,		
	Tunes 1	Mcarp	ell									l, MD 21502
	23. PART I. Enter the diseeses, or shock, or heart fellure.	Complications that	caused the	deeth. Do	not enter	the mode of	dying,	such as	s cardiec o	r respiratory e	rrest,	Approximeta interval Between
	IMMEDIATE CAUSE (Final				0			Pm.				Onset and Death
	disease or condition resulting in death)	Q2	a lal	inl		neun	un	عا				seven
		DUE TO (OR AS A CONS	SEQUENCE C	F):				0			days
z		b	20 mi	rah	in	72	asti	re	Con	tents.		1
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS & CONS	SEOUENCE C	F):	7 7	1/.		0			
S	CAUSE (Disease or injury	C	Yast		Sere	brel	va	sa	elew	accid	int	
느	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE C	P):							
ER	resolding in death) LAST	d										
O	PART II. Other aignificent condition	ns contributing to	death but no	t resulting	in the un	deriving cau	se give	n in Par	rt I. 24a.	MAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
8	Post CVA	mille.	la no	ble	an a	. 6	' C			PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	7003(007(On	1	24	-	-1:	San	1	- 10	YES 2 NO		OF DEATH?
Σ	Oli ferelly.	a Im	new	JD4	one	ou	rovo	UN	-			1 TES 2 NO
AN:	Jeedrug	Donne !	tefu 1	nost	ny							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	26. PLACE (OF DEATI	H (Check	only one)			
YSI	1 TYES 2 TO NO	1 🗆 Inpatient: 2 🗆	ER/Outpatient	3 🗆 DOA	4 Nur	eing Home 6	Reside	ince 6 E	Other (Spec	elfy)		
PHYSICI	27. MANNER OF DEATH	28e. DATE OF I		28b. TH	JURY	26c. INJURY A WORK?		-	d. DESCRIBE	HOW INJURY O	CCUREO	
BY	1 Natural 5 Pending 2 Accident Investigation				M	1 TYES	2 N)				
	3 Suicide 6 Could not be	28e. PLACE Of building, a	FINJURY — At atc. (Specify)	home, farm,	atreet, fact	ory, office		28	Bf. LOCATION City or Tow	(Street and Numb n, State)	er or Rural Ro	oute Number,
ETE	4 Homicide determined											
PL	CONSTRUCTORY	ICIAN: To the best of	my knowledge,	death occur	red at the t	ime, date end p	olace, enc	d due to t	the cause(a)	and menner as at	mted.	
OMPL	one) 2 MEDICAL EXAMIN	ER: On the basis of ex	amination end/	or investigat	ion, in my c	pinion, death o	occured a	it the tim	e, date end p	lace, and due to	the cause(e)	and manner as stated.
0	29b. SIGNATURE AND TITLE OF CERTIFIE	R ()7				29c.	LICENSE	E NUMBE	R .	29d. DA	TE SIGNED	(Month, Day, Year)
BE		7/ 7	. 1	1 8	70	7		111			151	1000

Dr. S.L. Sandhir, Frostburg Village Nursing Home, Frostburg, MD 21532

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRAR'S SIGNATURE

31. OATE FILED (Morith, Day, Year)
FFB 0 2 1990

les 1, 2, 3 should

B

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page should be detached for use as the burlar filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burlar, cremation, or removal. must be notified at once. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner

CERTIFIC

MEDICAL

PHYSICIAN:

ВУ

COMPLETED

BE

2

23

resulting in death) LAST

4 Homicide

													31	J	034	4/	
	FOR 1 - STATE REGISTRAR		STATE OF N	IARYLA					EALTH DEAT		MENT	TAL HYGIEN	E				
	1. DECEDENT'S NAME (First,				3.4							ATE OF DEATH	Y	YEAR	3. T	IME OF DEATH	
		CAROL			A	NN		Н	ALE			1-21-90		T EATT	8:	35PM	М
	4. SOCIAL SECURITY NUMBER 504-50-5762		5. SEX 1 M 2 X F	6. AGE (In	yrs. last birt		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DA NO	TE OF BIRTH	944	Count	'ry)	E (State or Fore Dakota	-
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY	TOWN C	R LOCATI	ON OF DE	ATH		9c. COI	JNTY OF E	EATH		
DIRECTOR	UNIVERSITY		ITAL				BA	LTI	MORE	CIT	Υ						
입 [10a. STATE	10b. COUNTY	,		10	0c. CITY	, TOWN C	R LOCAT	ION						10d.	INSIDE CITY	_
ĕ	Maryland	На	rford			Edg	ewoo	xd							1 🗆	LIMITS?	ID
FUNERAL	3104 Sound	ing Dr	rive					101	21040	j			10g. CI	USA	WHAT	COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FDRCES? 1 IF YES, GIVE W	YES YES	2 NO	D		If yes, sp		n, Mexica	n, Puer	GIN? (Specify Yes rto Rican, etc.)	or No—	Blac	E - A k, whi	merican Indian ite, etc.	١,
COMPLETED		EDENT'S EDUC y highest grade 1-12)			16a. DECED (Give k life. Do HOME:	kind of w	ork done		ON st of workin	ng .		16b. KIND OF BUS	EINESS/IN	DUSTRY			
BE CON	17. FATHER'S NAME (First, M Gerard –	lonk							er's na		st, Middle, Meiden	Sumame) Hin	d				
TO B	19a. INFORMANT'S NAME (7 Lawrence H.											fumber, City or Town					
	20a. METHOD OF DISPOSIT 130 Burial 2 Crematic 4 Donation 5 Other	n 3 🗆 Rem	oval from State		PLACE OF (other place) YY1SO						net			s Mi		, Md.	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE / M. M. (Pon	100	TH	I	Iowa:	rd K.	Mc	Com	as III l	Fune ingd	ral I	Hom	e, P.A 21009	۸.
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition	esrt fallure.	List only one ceu	ise on ea	ch line.		ot enter	the mo	de of dy	ing, suc	h ss c	cardisc or respi	ratory s	rrest,		Approximatinterval Bel Onset and	tween
	resulting in death)	→	e. MULTIP		CONSEQUE		7:								\dashv		
FICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY	dlate ING	b. DUE TO	(DR AS A	CONSEDUE	ENCE OF	7):								+		
Ĕ	CAUSE (Disease or Injuthat Initiated events	II)	OUE TO	(DR AS A	CONSEDUE	NCE OF):								+		

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? XIXXYES 2 □ NO XXXXAER 5 1 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 X YES 2 □ NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient | X|XER/Outpatient 3 | DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 7:30PM 1 YES XXXNO 1-21-90 DRIVER IN AUTO/VAN IMPACT XXXccident
3 Suicide

MD 924, Belair, Harford Co.MI 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

296. SIGNATURE AND TITLE OF GERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Morth, Day, Year)

B. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (FEM 27) (750s, Print MARIO F. GOLLE, JR., MD

111 Penn Street, Baltimore, MD 21201

OCME

281. LOCATION (Street and Number or Rural Route Numb City or Town, State)

1-22-90

JAN 24 '90 32. REGISTRAR'S SIGNATURE
GUNA Davidson-Randalle

8 Could not be datarmined

	_	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ITMENT OF H		IENTAL HYGIEN REG. NO		
		OECEDENT'S NAME (First, Middle, Last) OECEDENT'S NAME (First, Middle, Last) OECEDENT'S NAME (First, Middle, Last) OECEDENT'S NAME (First, Middle, Last)	ande SEX BAGE	Y 1	Hea	14	Jan 8	9 9	SAR 3. TIME OF DEATH
B		520-16-8897	ØM2□F 77	7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.			BIRTNPLACE (State or Foreign Country) lassachusetts
3 should	TOR	99. FACILITY NAME (If not institution, give street	end number)	rp.	9b. CITY, TOWN	PR LOCATION OF DE	oving	9c. COUNTY	7
3)	DIRECTOR	100. STATE 100. COUNTY Maryland Montgo	mery		y, town or Locat lver Spr				10d. INSIDE CITY LIMITS? 1 YES 2 NO
) Isl	ERAL	, 100. STREET AND NUMBER 8505 Springvale Ro	ad		101	20710		1	ted States
attending physician, se as the burial-transit	BY FUNE		. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp				. RACE — American Indian, Black, White, atc. Specify: White
for u	ETED		pleted) offege (1-4 or 5+)	(Give kind of the Do NOT us			16b. KINO OF BU		
the hospital detached for once.	COMPL	12 years 3	years	Stockma	n	18. MOTHER'S NAM	Livesto E (First, Middle, Maide)		lustry
इ है है	BE C	Alexander He	aly			Edith	Sampson	_	
be retained ge 5 should a notified	2	Timothy O. Healy				e Street	Chevy Cl		Maryland 20815
6 may tor, pa		20s_METNOD OF DISPOSITION 1	from State	other place)	SITION (Name of cell W Cemete		20c. L	OCATION — CI	y or Town, State Wyoming
death. P funeral I. examine		21. SIGNATURE OF FUNERAL SERVICE LICENS	asevard	+	Borgw	ardt Fune	eral Home	eltsvil	lle, Md.20705
ath certificate be executed within 24 hours after trending physician and completely filled in by the lat Hygiene prior to burlal, cremation, or remova, or other braumatic event, the medical	CERTIFICATION	23. PART I. Enter the diseases, or come shock, or heart feliure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	ach line,	Nyoc My	avdu	SIP		t, Approximata interval Between Onaat and Death
w requires that the deal been signed by the att or, of Health and Mental shows any Injury,	MEDICAL	PART II. Other eignificant conditions of	ontributing to deeth b	ut not resulting	In the underlyin	g cause given in i		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IN: The law ficate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. P	LACE OF DEATH (Che	ck only one)		
SiCIAN: certifican h the St d, or it	PHYSI		☐ Inpatient 2 ☐ ER/Outp 28a. DATE OF INJURY	26b. TIN	4 Nursing Hon ME OF 26c. IN.	URY AT	Other (Specify) 28d, DESCRIBE NOW	INJURY OCCU	REO
OING PHYS After this death with	ВУ Р	1 Asturel 6 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 🗆	YES 2 NO			
TTEN TOR: after	ETED	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	etreet, factory, offic	•	281. LOCATION (Street City or Town, State	t and Number or e)	Rural Route Number,
4 4 2 E	COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C							couse(e) and manner on stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	agen	25	2	29c. LICENSE NUM	975	29d. DATE S	MIGNED (Month, Day, Year)
0	-	John S. Rogers, M				Spring	Md. 2090	4	7
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	To the latest				

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COM
cal examiner mu	
, the medi-	
traumatic event	ATION
njury, or other	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
3 shows any i	N: MEDICA
id, or Item 2;	HYSICIA
m 28 is marke	ETED BY
ORTANT: If Ite	3E COMPL
IMPOR	TO E

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - REGISTRAR		CERTIFIC	ATE O	F DEATH	REG	NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	TH DAY	YEAR	3. TIME OF DEA	тн
HELEN E. HO	OPKINS				01	23	90	7:45	Рм
4. SOCIAL SECURITY NUMBER	8. SEX 6. AGE (In yrs.		UNDER 1 YEAR		7. DATE OF BIRT		8. BIRTH Countr	IPLACE (State or F	oreign
220-12-1872	1 M 2 XF 84	YRS. MO	NTHS DAYS	HOURS MIN.	05 15			yland	
Se. FACILITY NAME (If not institution, give atree	et and number)	96	CITY, TOW	OR LOCATION OF DE	ATH	9c. COL	UNTY OF D		
Meridian Nursin	ng Ctr-The I	Pines	Eas	ton		Ta	lbo	t	
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOC	CATION				10d. INSIDE CIT	Υ
Maryland Talk	oot	Eas	ston					YES 2	NO NO
10e. STREET AND NUMBER				101. ZIP CODE		10g. CI	TIZEN OF Y	WHAT COUNTRY?	
22 N. Harrison	2 WAS DECEDENT EVER IN U.S.	ARMED	13 WMS D	21601 ECENDENT OF HISPAN	IIC OBIGIN? (Socoi		J.S.A		leo
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	ζ) (γ)	If yes,	specify Cuban, Mexica ES 2 XNO Specify	n, Puerto Ricen, et	(c.)	Speci	E — American Ind k, White, etc. ily: hite	
15. DECEDENT'S EDUCAT (Specify only highest grade co	TION 16a.	DECEDENT'S USL	JAL OCCUPA	TION	16b. KIND 0	F BUSINESS/IN			
	College (1-4 or 5+)	(Give kind of work life. Do NOT use re-	done during tired.)	most of working					
11		Secret	cary						
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, M	faiden Surname)			
Harry M. Hopkin	ns			Bess	ie Dill	L			
19a. INFORMANT'B NAME (Type/Print)		19b. MAJLINO AD	DRESS (Street	et and Number or Rural i	Route Number, City of	or Town, State, Z	lip Code)	19901	
Virginia D Satt		2 Esse	ex Ha	11-Engl	ish Vil	llage,	Do	ver DE	
20a. METHOD OF DISPOSITION 1/26	0/90 20b. PLA	CE OF DISPOSITIO	ON (Name of	cemetery, cremetory or	20	oc. LOCATION -	- City or To	own, State	
4 Donation 5 Other (Specify)	Spr		11 0	emetery	I	Easton	n, MI	0	
21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE		22. NAME	AND ADDRESS OF FA	CILITY				
VOHN K	MERCE	2.		am Fune		ne			
23. PART i. Enter the diseases, or con			IFIAST	on, Mar	y land	meniratory s	rreet	Approxim	nate
shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	St only one cause on each i	testina	l her	norhøge				Onset sn	
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CON								
that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEOUENCE OF):							
PART II. Other significant conditions Dehydra	etian	ot resulting in t	he underly	ring csuse given in	Pi	AS AN AUTOPSY ERFORMED? (ES 2 NO	7 246	AMAILABLE PRIOR COMPLETION OF OF DEATH?	OT R
Demente	<u>L</u>							1 YES 2	NO
ASCND									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	reck only one)				
	HOSPITAL: 1 🗆 inpatient 2 🗆 ER/Outpatient		THER: Nursing H	loma 5 🗆 Realdence	8 Other (Specif	fy)			
27. MANNER OF DEATH 1 Netural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c.	INJURY AT WORK?	28d. DESCRIBE		CCURED	4	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — Albuilding, etc. (Specify)	t home, ferm, street	et, factory, o	ffice	28f. LOCATION (: City or Town,		er or Rural	Route Number,	
200	AN: To the best of my knowledge								
2 MEDICAL EXAMINER:	On the besis of examination and	vor Investigation, i	n my opinio	n, death occured at the	Time, deta and ple	ace, and due to	the cause(a) and menner as	stated.
29b. SIGNATURE AND TITLE OF CENTIFIER	ow mo			29c. LICENSE NU	MBER 5833	29d. D/		24.90	ð
30. NAME AND ADDRESS OF PERSON WHO Michael D. Cre				vild Ave		actor	MD	21601	
	32. REGITTEAR'S SIGNATUR		rarea	TIU AVE	nue, E	as coll	עויו	21001	
31. DATE FILED (North, Day, Year), 90	givia Devide	200 000	2						

TO BE COMPLETED BY FUNERAL DIRECTOR

٦,		N.	/
BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-burlat. Semantion or removal.	be notified at once.
BALTIMORE	ours after death. Page 6 may	I in by the funeral director, por preparation	nedical examiner must
	U 1-7	/ filled	the
13146,	xecuted within	and completely burial, cremat	natic event,
BOX	tificate be e	physician ene prior tr	ther traum
, P.O.	death cer	e attending	ury, or 0
RECORDS	nw requires that the	been signed by the of Health and M	3 shows any Inj
VITAL	CIAN: The Is	ertificate has	or item 2
OF	PHYS	this c	ked.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING F	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the its study within 20 hours after death, with the State Deet of Health and Mental Honlene prior to burial, cremation or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

•	- STATE REGISTRAR	JIMIE OF IIIMI	CE	RTIF		F DEATH	MEIN	REG. NO	_			
1	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATN			3. TIME OF D	EATN
Ì	FRANCIS J		1	HESSL	ER		Jani		, 199	O YEAR	2:57	P.M
ı	4. SOCIAL SECURITY NUMBER 5.	SEX 6. A	GE (In yrs. lesi	t birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS	. 7. DAT	E OF BIRTN	,	8. BIRTN	PLACE (State of	
1	220-05-8430	X M 2 □ F	71	YRS.	MONTHS DA	YS HOURS MIN		nth, Dey, Year) 4 19 1	.8	Mary	land	
ı	9a. FACILITY NAME (If not institution, give atreet	and number)			9b. CITY, TO	WN OR LOCATION OF		1 10 1	-	JNTY OF D		
	Memorial Hospita	1			Ea	ston				Tal	lbot	
1	10e. STATE 10b. COUNTY			10c. CITY	, TOWN OR L	CATION			_		10d. INSIDE C	ITY
ı	Maryland Talbe	ot		Ea	ston						LIMITS?	
	100. STREET AND NUMBER Black Dog Alley					10f. ZIP CODE 2160]	L		772	S.A	VNAT COUNTRY	7
ı		. WAS DECEDENT_EV	ER IN U.S. AR	MED		DECENDENT OF NIS	PANIC ORIG			14. RACE	— American I	ndlen,
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X 1 IF YES, GIVE WAR O World Wa	R DATES	10		YES 2 X NO Sp		o Rican, etc.)		Speci	c, White, etc.	
ı	15. DECEDENT'S EDUCATI	ON	16a. DE	CEDENT'S	USUAL OCCUI	PATION		6b. KIND OF BU	SINESS/IN		irte	
ı	(Specify only highest grade con	offege (1-4 or 5+)	(G	ive kind of vi Do NOT us	vork done durin	g most of working			oLoonii.			
I	8	onege (I-4 of 5 +)	br	ick	layer			masc	nry			
ı	17. FATNER'S NAME (First, Middle, Last)						NAME (Firs	t, Middle, Malden	Sumame)			
	Frank Hessler					Marg	gare	t Eber	t			
	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (St	eet and Number or Ru	rel Route Nu	mber, City or Tow	m, State, Z	(p Code)		
ı	Mabel R. Hessle	r		P.O.	Box	. 583 I	East	on MD	21	601		
Ì	20a. METHOD OF DISPOSITION 1/2 1 1 2 1 2 2 2 3 3 3 3 3 3 3	9/90	20b. PLACE other pla	OF DISPOS	SITION (Name o	of cemetery, cremetory	01	20c. LO	CATION -	- City or Ta	rwn, Stata	
ı	4 Donation 5 Other (Specify)		Md.	Vete		Cemeter		Hu	rlo	ck,	Maryl	and
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		•		e and address of vnam Fur		1				
	YOHN R	MER	CFR	La		ston, Ma			:			
	23. PART I. Entar the diseases, or com	plications that car	used the de	eath. Do n	ot enter the	mode of dying, s	uch as c	erdiec or reep	iratory a	rreet,	Approx	
	ahock, or heart fellure. Liet IMMEDIATE CAUSE (Final	t only one cause o	n eech lina	11	6	2 /	1	\wedge		, ,		Between and Death
ı	disease or condition resulting in death)	ma	in	Utt	mili	selrova.	ocals	n ac	cidi	al	1/3	h
ı	resulting in quality	DUE TO (OR	AS A CONSEC	QUENCE-OI		1						
	Sequentially list conditions, b	(ere	rote	4	yeu	isellie	27					
	If any, leading to immediate	DUE TO (OR	AS A CONSEC	DUENCE OF	F):							
	CAUSE (Disease or Injury	OUE TO (OR	AS A CONSEC	DITENCE OF	D.							
	that initiated events resulting in death) LAST	OUL TO (ON	AS A CONSE	DWENCE OF							j	
ı	d										-	
1	PART II. Other significant conditions of	- //	-	- 4	in the under	iying cause given	In Part I.	24a, WAS AN PERFOI		7 24b	WERE AUTOPS	
	Hypertenser		vace	alle	Inse	sel		1 TYES 1			COMPLETION (
ı	Coleciones of	Prost	ati						**	- 1	1 TYES 2	□ NO
1												
	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	OSPITAL:		ī	OTHER:	S. PLACE OF DEATH	Check only	crist)				
1		OSPITAL:			4 - Nursing	Nome 5 Residen	ce 8 🗆 O	ther (Specify)				
ł	27. MANNER OF DEATN XX Natural 5 Pending	28a. DATE OF INJU		28b. TIM	URY	WORK?	28d, [DESCRIBE HOW	INJURY O	CCURED		
ì	2 Accident Investigation					YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF IN. building, etc.	JURY — At ho (Specify)	ome, ferm, i	street, factory,	offica	28f. L	OCATION (Street ity or Town, State)	and Numb)	er or Rural i	Route Number,	
1	29a. CERTIFIER 1 X CERTIFYING PHYSICIA	N: To the best of mu	rnowledge de	ath occur	ad at the time	data and place and	due to the	coupe(s) and ma	nner en el	Istad		
ı	(Check only one) 2 MEDICAL EXAMINER: (a) and manner (n stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	10				29c, LICENSE			,		Month, Qay, Y	
	WrithWard	/)				DOS	37/5	3	•	1/	26/90	
	30. NAME AND ADDRESS OF PERSON WHO C	1				Factor	Md	21601		-		
		32. REGISTRAR'S	SIGNATURE	-		Easton	riu.	Z1001	_			
	JAN 30 90	grain	Decycleon	-Mana	Sec.							

	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OF VIT	AL B	ECORI	DS, P	0.	30X	13146	3		BALT	IMORI	E, M	BALTIMORE, MARYLAND 21203-3146	2120	3-3146
TO THE HOSPITA	TO THE HOSPITAL OR ALLENDING PHYSICIAN: The law requires that the death certificate be executed within any death. Page to may be retained by the hospital or attending physician.	PHYSICIAN:	The law f	equires man	The deat	n cerunc	alle De es	Kecured V	WILLIAM T	NOUIS ATE	er death.	rage to m	ay be rel	ained by the hos	ipital or atte	nding physician
TO THE FUNERAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	this certifical	e has be	en signed b	y the afte	ld Bulbus	hysician a	mos pur	pletely fil.	led in by t	the funera	al director,	page 5	should be detach:	ed for use	is the burial-trai
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	hours after death	with the Sta	te Dept.	of Health ar	nd Mentai	Hygiene	prior to	burial, c	remation	or remov	val.					
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	item 28 is ma	rked, or ite	ım 23 s.	hows any	Injury,	or othe	r traum	adic evi	ent, the	medica	l exami	ner must	t be no	lified at once.		

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR				CERTIFI	CATE	OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, MI		L _{a.}			Usel	20	A	2. DATE C	DAY	100	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			AGE (In yrs.	lest birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE O	E BIRTH		. BIRTH	PLACE (State or Foreign
214-52-06	79	1 - M 2 X F 7	70	YRS.	MONTHS	DAYS	HOURS MIN.	1 (Manth.	124100119	19 1		land
9a. FACILITY NAME (If not institu	ution, give str	reet and number)			9b. CITY, T	OWN O	R LOCATION OF O	EATN		9c. COUNT	Y OF O	EATN
PENINSULA G	ENERA	L HOSPITA	Ĺ.		S	ALI	SBURY	MARVI	AND	T.	ILCO	MICO
10e. STATE 10	DENTY			10c. CITY,	TOWN OR						1	10d. INSIDE CITY
Maryland	Wico	mico		Sali	sbu	cy						LIMITS?
100. STREET AND NUMBER 318 Delawa:	re A	ve.					ZIP COOE 1801			10g. CITIZE		HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Me 3 Divorce	orried	12. WAS DECEOENT E FORCES? 1 IF YES, GIVE WAR	VER IN U.S. YES 2 OR DATES	ARMEO	16.3	yes, spe	INDENT OF NISPA city Cuben, Mexica NO Specia	en, Puerto Ri	(Specify Year can, atc.)	or No 1	Speck	- American Indian, , White, atc.
15. DECEDI (Specify only hi	ENT'S EDUC		16a.	DECEDENT'S U				16b. I	KIND OF BUSI	NESS/INDU		2012
Elementary/Secondary (0-12)		College (1-4 or 5 +)	He	ille. Do NOT use	retired.)	ing mos	t or working		None			
17. FATNER'S NAME (First, Middl	le, Last)		III	J ULB C W I			16. MOTHER'S N	AME (First Mi				
Samuel Cr	awfo	rd					Lydia		ewart			
19a. INFORMANT'S NAME (Type				19b. MAILING	ADDRESS (Street or	d Number or Rural	Route Numbe	w, City or Town,	State, Zip C	ode)	
Howard Hy	land			318 D	elaw	are	Ave.	Sali	s. M	d. 2	180	21
20a, METHOD OF DISPOSITION 1 ★ Burlel 2 ☐ Cremation	3 🗆 Ramo	eval from State	20b. PLA	CE OF DISPOSI r place)	TION (Name	e of cem	etery, cremetory or		20c. LOC	ATION CI	ty or To	wn, State
4 ☐ Donation 8 ☐ Other (Sc	pecify)		Gr	een A	cres				Sal	isbu	ry	Md.
21. SIGNATURE OF FUNERAL S	ERVICE LICI	ENSEE	_	1			D ADDRESS OF FA					
23. PART I. Enter the dise	ye	B. Dle	wa	rt							-	Salis.N
Sequentially list condition Sequentially list condition Sequentially list condition Sequentially list condition Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ite	DUE TO (OF	A AND COM	SEQUENCE OF	:	1						
resulting in death) LAST	L	h										
PART II. Other significant	condition	e contributing to de	eth but no	ot resulting in	n the und	eriying	cause given in		24a. WAS AN A PERFORM 1 YES 2	NED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO N	MEDICAL					26. PL	ACE OF DEATH (C	heak only one)			
1 YES 3 DAG		HOSFITAL:	R/Outpatient		OTHER: 4 Nursir	ng Horne	5 - Residence	6 🗆 Other	(Specify)			
27. MANNER OF OEATH 1 Natural 5 Per	nding estigation	28e. DATE OF IN. (Month, Day,	JURY Year)	28b. TIME INJU	OF 2	8c. INJL WOI 1 Y	RY?	28d. DESC	CRIBE NOW IN	JURY OCCU	RED	
3 Suicide 6 Co	uid not be	26e. PLACE OF I	NJURY — Al (Specify)	t home, farm, at	reet, factor	y, office		28f. LOCA City of	TION (Street and Town, State)	nd Number o	r Rural F	loute Number,
one) 2 MEDICA		CIAN: To the best of my						a Ilme, date a		due to the	cause(e	and manner as stated.
30. NAME AND ADDRESS OF PO	ENSON WHIC	COMPLETED CAUSE	OF DEATH (ITEM 27) (ἦφα,	Print)		PRO	53		1/1	23/	90
31. DATE FILED (Month, Day, Yea	B. F	ORNER	S SIGNATUR		VER	5	TREE	XA.	ISBU	ey 1	10.	21810
JAN 25 90		Silva Davide	m- Pin	dall.								

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AT	RECT	IS a	T 2
L OH	P. D.	hou	He
PITA	FRAL	27 1	
HOS	FUNE	withi	IAN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detache	led 1	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
10	0	be f	M

30. NAME AND ADDRESS O SEEN N 31. DATE FILED (Month, Day, JAN 2 6 *90

	FOR STATE OF MADVI AND / DEDADTMENT OF HEALTH AND MENTA			, , , , , ,
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATI MONI	E OF OEATH	25199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE	of BIRTH oth, Day, Your) 9, 191	8.8	HIRTHPLACE (State or Foreign Country), MD.
OR	PENINSULA GENERAL HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH SALISBURY, MA	ARYLAND	9c. COUNTY	WICOMICO
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION UNANTICO			10d. INSIDE CITY LIMITS? 1 VES 2 X NO
	106. STREET AND NUMBER RTE. 1, BOX 103		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1		or No- 14. I	RACE — American Indian, Black, White, etc.
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working life Do NOT use retired to	ROOFER	INESS/INOUST	RY
BE CON	17. FATHER'S NAME (First, Middle, Leet) JAMES ARTHUR MITCHELL 16. MOTHER'S NAME (First, Middle, Leet) LE		Surnama)	ROBINSON
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Num PEARLINE T. MITCHELL ADDRESS SAME AS ABOVE	mber, City or Town	, Stata, Zip Cod	(e)
	20e. METHOD OF DISPOSITION 1 X Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cameter), crematory or other place) ODD FELLOW/STEPNEN FIELD		CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOLLEY MEMORIAL RTE. 2, BOX 920,	CHAPEL SALISE	BURY, M	1D. 21801
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as call ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):			Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate cause. Enter UNDERLYING			
ERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST			
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOCALITAL: COTMEDIA COTMEDIA 26. PLACE OF DEATH (Check only of the control of t	one)		
YSIC	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Off	her (Specify)		
ВУ РН	1 Natural 5 Pending (Month, Day; Year) INJURY WORK? 2 Accident Investigation	ESCRIBE HOW I	NJURY OCCUR	EO
	3 Suicide 8 Could not be determined 289. PLACE OF INJURY At home, farm, street, fectory, office building, etc. (Specify) 281. LO	OCATION (Street a by or Town, State)	and Number or F	lural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the come) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date			ruse(s) and manner as stated.
BE	296. SION TUBE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 20. COMPANY OF CERTIFIER	7	29d. DATE SH	15/90 25/90
10	Joseph W. GRASSO 145 E. CARROLL ST	SAL	ISBUA	er Mo

CARROLL

JRASSO 145

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within an nouns after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us he filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART			MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF OEATN		3.	TIME OF DEA	TH
	RICHARD	WALKER	1	HYATT		JAI		,1990	EAR (6:20	AM M
	The state of the s	Till and the second second		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	8.	BIRTNPLA	CE (State or I	
		⊠ M 2 □ F 54	YRS.				2-1935		ew Y		
œ	9e. FACILITY NAME (If not institution, give stree				R LOCATION OF DE	ATN		9c. COUNTY			
DIRECTOR	PHYSICIANS MEMORIAL HOSPITAL LA, PLATA CHARLES RESIDENCE OF DECEDENT										
RE	10a. STATE 10b. COUNTY								100	d. INSIDE CIT	γ
	Maryland Char	Les	B	enedict						YES 2	
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE			1000		T COUNTRY?	
NE	P. O. BOX 84	2. WAS DECEDENT EVER IN U.S	ABMEO	140 970 050	20612 ENDENT OF HISPAN	40 ODION	0 (DM- M-		SA	American Inc	
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Olvorced	FORCES? XX YES 2 IF YES, GIVE WAR OR DATES 1954-1962	NO	if yes, sp		Black, Wi Specify: White	hite, atc.	Hen,			
8	15. OECEDENT'S EDUCAT (Specify only highest grade col	TION 164	DECEDENT'S U	SUAL OCCUPATION	ON .	16b.	KIND OF BUS	SINESS/INDUS			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during mo retired.)							
MP	12		Presi	dent/M	9			ing C	ompa	any	
BE CO	17. FATHER'S NAME (First, Middle, Lest) Lewis Hyatt				16. MOTHER'S NA Edi	th Ca		Surname)			
TO E	190. INFORMANT'S NAME (Type/Print) Barbara W. Hyatt		P. O.	BOX 84	, Benedi	ct, N	Md. 20	n, State, Zip Co 612	de)		
	20e. METNOD OF DISPOSITION XXBurial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	off State	ACE OF DISPOSIT Per place) Mary s	Cemete	netery, cremetory or			cation — chy antown			
	22. NAME AND ADDRESS OF FACILITY Huntt Funeral Home P. O. Box 156, Waldorf, Md. 20604-0156										
ATION	23. PART I. Enter the diseases, or complications has caused the death. Do not enter the mode of dying, such as cardisc or respiratory street, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if sny, leading to immediate										
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d. d.										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in P						24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ä											
PHYSICIAN:		IOSPITAL:		OTHER:	ACE OF DEATH (Ch		-				
TYS	1 YES 2 NO	28e. DATE OF INJURY	25b. TIME		e 5 Reeldence			NJURY OCCUP	SED.		
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	RY WO	YES 2 NO	200. OES	CAIDE NOW	INJUNI OCCUP	ED		
	3 Suicide 6 Could not be 4 Homicide determined	At home, farm, st				LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					
COMPLETED	and the second s	AN: To the best of my knowledg							suse(s) er	nd menner ee	stated.
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER	1.1			29c. LICENSE NU	MBER		29d. DATE S	IGNED (M	onth, Day, Yea	r)
m	Knigh M. H	atte Mr	2)	D28352			1 1 1 0 0				
2	30. NAME AND ACCRESS OF PERSON WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHARLES, PROFESSIONAL, CEN								NTER	#200	
	DR, KRISHAN M	MATHUR M.			WALDORE	, M	D. 20	601	041	-1 ~ ~ ~ ,	JI Z () (
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	son-Abnole	102							

		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEI		
		1. DECEDENT'S NAME (First, Middle, Lest) Fred John H.	AHN				2. DATE OF DEATH MONTH	DAY YEAR	
3		4. SOCIAL SECURITY NUMBER 330-01-5317	5. SEX 6. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JANUARY 2 7. DATE OF BIRTH (Month, Day, Year) Jan. 6, 10	915 II	14:25 A RTHPLACE (Stete or Foreign unity) linois
/ S. B.	H	9e. FACILITY NAME (If not institution, give AMI DOCTORS HOS)		CO.		SEABROO		PRINCE	GEORGE S
	PHEC	Maryland Prince	e George		TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 V YES 2 NO
it permit	RAL	10e. STREET AND NUMBER	000180	[4]	enhelt 10	H. ZIP CODE		111	OF WHAT COUNTRY?
attending physician.	BY FUNERAL	6 Forestway 11. MARITAL STATUS 1	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, s	CENDENT OF HISPAN	NIC ORIGIN? (Specify You, Puerto Rican, etc.)	ea or No— 14. R B Si	ACE — American Indian, Black, White, etc.
8 5	ETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	,	ost of working		USINESS/INDUSTR	
the hospital detached for	COMPL	12 17. FATHER'S NAME (First, Middle, Lest)	1+	Cartog	grapher		Dept. ME (First, Middle, Meide	of Int	erior
# 8 E	BE	Frederick J.	Hahn	19b. MAILIN	G ADDRESS (Street	Maude	Route Number, City or To	Gist	
be re	10	Donald J. Hahn		2701	Arling	ton Dr	#203.Ale	xandri	a.VA22306
Page 6 m il director,		20a_METHOD OF DISPOSITION 1 Depurie 2 Cremation 3 Rea 4 Donation 5 Other Specify) 21. SIGNATURE OF FURERAL BERNYOL L	noval from State	other place)	Heaven 122, NAME A	Cemeter NO ADDRESS OF FA	ry Sil		ring,MD
	Ц	· Dillan	Denu	10	901	3 Annap	olis Rd,	Lanham	MD 20706
filled in fon, or		23. PART I/Enter tha diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on e	ech Ilna.		ode of dying, such		elous	Approximate interval Between Onset and Death
th certificate be executed the certificate by the company physician and company in Hygiene prior to burial, or other traumatic events.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in dasth) LAST	b. Card DUE TO (DR AS /	A CONSEQUENCE O	OF.	Ky			
PHYSICIAN: The law requires that the deal this certificate has been signed by the att with the State Dept. of Health and Mertarivied, or Hem 23 shows any injury,	MEDICAL	PART II, Other significant condition	ns contributing to desth b	out not resulting	In the underlyli	ng cause given in	Part I. 24a. WAS A PERF(ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
4; The law reate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C)	neck only one)		
SICIAN: The certificate the State	HYSIG	1 TYES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Out	26b, TI	ME OF 28c. IN	me 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW	V INJURY OCCURE	p
After this death with	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 🗆	YES 2 ND			
TTENDI TOR: A after d	8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	/ — At home, farm,	, street, factory, offi	ice	281. LOCATION (Stree City or Town, Stat		ral Route Number,
4 4 4 F	3	anal L	SICIAN: To the best of my know						ise(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 important: if i	BE	29b. SIGNATURE AND TITLE OF CERTIFIC		ni	va .	29c. LICENSE NU			NED (Morth, Day, Year)
	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF IN	ATH (ITEM 27) (TYP	exly,	md	2078	5	
		31. DATE FILED (MONT) Day (Sur)	32. REGISTHAR'S SIGH		J		~~ / 0)		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hosp	TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 20 hours after death with the State Dent of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ре 6 тау бе	irector, page	must be
er death. Pag	the funeral di	i examiner
s nours after	filled in by t	e medica
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ate be execu	hysician and	r traumati
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he law requi	a has been s	m 23 shov
HYSICIAN: T	his certificate	ced, or ite
TENDING P	TOR: After the	28 Is mari
PITAL OR AT	ERAL DIREC	T. If item
TO THE HOSE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnal handless of the completely filled in by the furnal Hopeine prior to burial, cremation, or removal.	IMPORTAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	IENTAL HYGIEI	NI
CERTIFICATE OF DEATH	REG. NO	٥.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN						
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	DOTITIES	INMULLER				MONTH D	21 96	ı M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)				
	216-48-5889 1 M 2 M F 67 YRS. WHITE DAYS WITH 09 06 22 Mary1 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
œ			Ι,		ORE CITY			IMORE				
6	THE JOHNS HOPKINS	5 HUSFIIAL				<u>-</u>		10d. INSIDE CITY				
E	10e. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION Maryland Talbot Easton											
2	Maryland Talk	00 L	Eas	ton	ZIP CODE		10g, CITIZEN	1 X YES 2 □ NO				
RA	219 S. Harrison	Street			21601	U.S						
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IC ORIGIN? (Specify Yes	or No- 14.	. RACE — American Indian, Black, White, etc.				
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2 ND Specify			Specify:				
	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S US	BUAL OCCUPATION	ON .	16b. KIND OF BUS		white				
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of worlden Do NOT use	rk done during mo retired.)	st of working							
APL	12	4	homema	ker								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden						
BE	Henry Augustus	Hoyt				es Dunha: Toute Number, City or Tow						
2	Ernest J. Heinm	uiller				t., East						
	20a. METHOD OF DISPOSITION 2 Remoi		PLACE OF DISPOSIT					y or Town, State				
	N_XBurial 2 ☐ Cremation 3 ☐ Rémoid 4 ☐ Donation 5 ☐ Other (Specify)	val from State	other place)	Memor	ial Par	k Ea	ston,	Marvland				
Į.	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1		ND ADDRESS OF FAC	ral Home						
	MOHO B	. MERCE	RON		on, Mar							
	23. PART I. Enter the diseases, or co shock, or heart failure. L			t enter ths me	de of dying, auci	h sa cardisc or reap	iratory srrest	t, Approximata Interval Between				
	IMMEDIATE CAUSE (Finel disease or condition	0	1	/3				Onset and Death				
	disease or condition a. Paratratic Ca 2 months Due to (DR As A CONSEQUENCE OF):											
_	CARCINOMATORIS											
5	Sequentially list conditions, Due to (or as a conseduence of):											
ICA	CAUSE (Disease or injury Due to (OR AS A CONSEQUENCE DF):											
CERTIFICATION	that initiated events resulting in death) LAST	00E 10 (0N NO N	CONSESSENCE SF).									
S	DART II. Other significant conditions	- contribution to death h		Abo condicabelo		Part I. 24s, WAS AN		24b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICAL	PART ti. Other aignificant conditions	contributing to death b	ut not resulting in	the underlyin	g cause given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE				
Ē						1	R 🗌 NO	OF DEATH?				
₹ 2						_						
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)						
YSI	1 ☐ YES 2 ₩ NO	1 Impetient 2 - ER/Outp	patient 3 DOA 4		ne 5 🗆 Rasidence							
	27. MANNER OF DEATH 1 ☑ Natural 5 ☐ Pending	(Month, Dey, Year)	28b. TIME INJU	RY W	JURY AT W/A. PRK? YES 2 NO	28d. DEŞCRIBE HOW		łED				
BY	2 Accident Investigation	28e. PLACE OF INJURY	— Al home, ferm, str			28f, LOCATION (Street	end Number or	Rural Route Number,				
	4 Homicide 6 Could not be	building, etc. (Spec	N/A			City or Town, State	NA	,				
COMPLETED	29a. CERTIFIER 1 CERTIFYIND PHYSIC	IAN: To the best of my know		at the time, dat	end place, and dua	to the cause(s) and ma	nner as stated.					
OM	anal	t: On the basis of axamination	n and/or investigation	In my opinion,	death occured at the	time, data and placa, as	nd due to the c	cause(a) and manner as stated.				
ш	29b. SIDNATURE AND TITLE DF CERTIFIER		÷,		29c. LICENSE NUM	MBER	29d. DATE S	HGNED (Month, Day, Year)				
TO B	Mohit Bhe	truga M	D		4741	47357	> 1	121/90				
	Mo HIT BHATWAGAN	14/		St. st.	122 Red	timore, MI	> 2121	8				
	31. DATE FILED (Month, Day, Year)	/32. REDISTRAR'S SIGN	ATURE		, 300	Acres of	-121	44				
	1/21 MAN 24 9	10 getia	Beerley 1	A.A.								

he law requires that the death certificate be executed within an nours after death. Page 6 may be retain	has been signed by the attending physician and completely filled in by the funeral director, page 5 shi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to bunal, crematon, of removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an nours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ey

	1 - FOR STATE REGISTRAR			RTIF	ICATE		EALTH DEAT			IYGIENE REG. NO.			
5	1. DECEDENT'S NAME (First, Middle, Lest)	Leon Ni	Lson HARS	HMAI	N				2. DATE OF MONTH	DEATH DAY	21	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-09-7026	5. SEX 1 M 2 F	8. AGE (In yrs. lest I	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	Mohth, De	ny, Year)	14	8. BIRTN Country	PLACE (State or Foreign
œ	9a. FACILITY NAME (If not institution, give st							ON OF DEA		7,170	9c. COUN	TY OF O	EATN
5	Washington County	11		Has	gers	town				Wash	ingt	on	
DIRECTOR	Maryland Wash		10c. CIT	y, town o	S COW	n n						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
3AL	10e. STREET AND NUMBER					101	ZIP CODE				HAT COUNTRY?		
FUNERAL	Route 9, Box 154	IT EVER IN U.S. ARM	EO.	10	WAS DEC	ENGENT O	F MODANI	C OBIOINO M		US			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	YES 2 NO)		If yes, sp	city Cuba		C ORIGIN? (9 , Puerto Rica		or No	Black	— American Indian, , White, etc. V: ite	
CELED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give	kind of	USUAL O work done se retired.)		N st of worldn	g		ND OF BUSI	NESS/IND	USTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)						18 MOTE	IEB'S NAM	mi]		lumama!		
5	Charles Harshman							a Mos		io, ivialueli u	umarney		
10	19a. INFORMANT'S NAME (Type/Print)								oute Number,				
-	Joyce V. Artz		20b. PLACE O		_				ersto		_	_	
	1 M Burial 2 Cremation 3 Remo	oval from State	(8)	n Ce			natory or			erst		Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME												
	Scott	The	mue	d								_	, Md. 21740
	23. PART I. Entar the diseases, or canonic shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car	OR AS GONSEQU						, as cardiac	or respir	atory and	out,	Approximata Interval Between Onset and Death Sidocu
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
MEDICAL	PART II. Other significant condition		7.1.0				PERFORI	MED?	24b	WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					-	ACE OF D	EATH (Che	ck only one)				
YSIG	1 TES 2 NO		ER/Outpetient 3			eing Hon		sidenca (B ☐ Other (S				
ву Рн	27. MANNER OF OEATN 1 Natural 8 Pending 2 Accident Investigation	28a. DATE Of (Month, I		28b. TIN	ME OF JURY M		URY AT PRK? YES 2] NO	28d. DESCR	IBE HOW IN	JURY OCC	CUREO	
B	3 Suicide a Could not be determined	28e. PLACE (building	OF INJURY — At horr , etc. (Specify)	ne, farm,	atreet, fac	tory, offic			28f. LOCATH City or 1	ON (Street a fown, State)	nd Number	or Rural I	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSI		f my knowledge, dee										i) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	7,2.6	O.E. Q					ENSE NUM			29d, DATE	ENGNED	(Month) Day, Year)
5	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAL	SEJOF DEATH (ITEM	27) (Type	s, Print)			110				10	770
	31. OATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	0									

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CALE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YEA	3. TIME OF DEATH	
	NORMA JEA	AN HAI	ĿE			January	25,1990	1;35P. M	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	n Bi	RTNPI ACE (State or Foreign	
	178-22-7891 1 □ M :	² X F 59	YAS.	WONTHS DAYS	HOURS MIN.	March 15	,1930 Y	ork Pa.	
	9e. FACILITY NAME (If not institution, give street end nu	mber)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY C		
NG.	11940 Park Heights	Ave.		Ow	ings Mill	.s	Bal	timore	
5	RESIDENCE OF DECEDENT								
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOC			10d, INS		
	Md. Baltin	nore		Owings				1 YES 2 NO	
MA	10e. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?	
FUNERAL	11940 Park Height:				21117			USA	
F	11. MARITAL STATUS 12. WAS 1 FORCE	DECEDENT EVER IN U.S ES? 1 TYES 2 S, GIVE WAR OR DATE	S. ARMED		CENDENT OF HISPAN pecify Cuben, Mexica	IIC ORIGIN? (Specify Y	es or No — 14, R	IACE — American Indian, Black, White, etc.	
BY	1 Never Merried 2 Married IF YES	S, GIVE WAR OR DATE	3 .A.	1 🗆 YE	S NO Specify	y:		Specify: White	
	15. DECEDENT'S EDUCATION	16	a. DECEDENT'S U	ISHAL OCCUBA	ION	165 KIND OF B	USINESS/INDUSTR		
	(Specify only highest grade completed)		(Give kind of wo	ork done during i retired.)	nost of working	1000 1100 1000	OSINESS/INDOST	"	
7	Elementary/Secondary (0-12) 2 Ys.	College	Maryla	and Sta	te Police	Employe	ee		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	n Surname)		
	Russell L. Wertz				Mamie	R. Cooper			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	end Number or Rural	Route Number, City or To	own, State, Zip Code))	
2	Mr. Weldon P. Hale		11940	Park F	leights As	ze. Owing	s Mills	, Md. 21117	
- 8	20e. METHOD OF DISPOSITION	20b. PL	ACE OF DISPOSI		emetery, crematory or		OCATION — City of		
	1 🛣 Burtel 2 🗆 Cremellon 3 🗆 Removal from 4 🗋 Donation 6 🗀 Other (Specify)	State G:	race Cer	neterv		Rei	stersto	wn, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				AND ADDRESS OF FA	CILITY 119'	2/ Poiet	erstown Road	
	Jams B O			Eline	Funeral	77		n, Md. 21136	
	23. PART i. Enter the diseeses, or complicat	ions that caused th	e deeth Do no	ot enter the n	ande of dulpg auc			Approximate	
	shock, or heert feilure. List only			J. 011101 W10 11	ode of dying, ado	ii as cardiac or rec	phatory street,	Interval Between	
-	iMMEDIATE CAUSE (Final	60		Ca	2 -			Onaet and Death	
	resulting in death) s.	DUE TO (OR AS A CO	DISECUENCE OF					5 yrs.	
_		50E 10 (011 NO N 00	MUSEUSENCE OF	,.					
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A CO	NSEQUENCE OF);				- 	
X	If any, leading to immediate cause. Enter UNDERLYING								
F	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE OF):					
F	resulting in death) LAST								
	PART II. Other significent conditions contrib	uting to death but	not moulting in	the underly	ng cours glyen in	Part I Die une	IN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
EDICAL	TANT II. Otto Significant Conditions Control	ating to death but	riot readiting if	the diderly	ng couse given in		ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ă						1 TYES	2 🗆 NO	OF DEATH?	
						—		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		-						
PHYSICIAN: M	EXAMINER? HOSPI			OTHER:	PLACE OF DEATH (Ch				
IYS		DATE OF INJURY	26b, TIME		NJURY AT	6 Other (Specify) 28d. DESCRIBE HOY	U IN HIEM COCHER		
ā	1 Netural 5 Pending	(Month, Day, Year)	INJU	JRY \	VORK?	260. DESCRIBE HOV	MOUNT OCCURE	o .	
ВҰ	2 Accident investigation	PLACE OF INJURY —	At home form of			261. LOCATION (Street	t and Mumber on D	and One to Manager	
ED	3 Suicide 6 Could not be 4 Homicide datermined	building, etc. (Specify)	CI IIOIIM, IMIIII, M	ireer, rectory, or		City or Town, Sta		arai riodie reditioni,	
ET	290. CERTIFIER								
COMPLETED	(Check only								
00	2 MEDICAL EXAMINER: On the	beste of examination el	nd/or investigation	n, in my opinion	, death occured at the	time, date end place,	end due to the cau	use(s) end manner se stated.	
BE	296. SIGNATURE AND TITLE OF CENTIFIER	/			29c. LICENSE NU	-		INED (Month, Day, Year)	
70	Mulli Thim	/			10-6	8-77	1 / /3	26/90	
	30. NAME AND AGORESS OF PERSON WHO COMPLE	M.D.			C+ T	367	2120/		
	Francis C. Grumbine,	M.D. 6	701 N.	charles	St. To	wson, Md.	21204		
		REGISTRAR'S SIGNATU		1.00					
	JAN 26'90	Quilia Da	vidson-Par	parion.					

FOR STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTA	L HYGIEN	_			
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			. TIME O	F DEATH
LAWRENCE	HUGHE.	<			MONT	3	7 9	EAR	11-	05%
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	-	BIRTHPL	ACE (Ste	te or Foreign
578-05-2969	1 DM 2 DF 76	YRS.	WONTHS DAYS	HOURS MIN,	(Mont	h, Dey, Year)	13	VIr	gini	a
9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN (OR LOCATION OF D	1 00)T	ac COUNTY			-
SOUTHERN MI	ARYLAND HO	OSPITAL	C	10221			PRIME		(00)	KG CB
10e. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCAT	TION				1	Od. INSID	E CITY
Maryland Prin	ce George's	Th.	oper Mai	rlboro				1		2 X NO
10e. STREET AND NUMBER				. ZIP CODE			10g. CITIZEI	N OF WH	AT COUN	ITRY?
10815 Knoll Ct.				20	744		U.S	7\		
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGI	N? (Specify Ye		. RACE -	- Americ	en Indian,
1 Never Married 2 XMarried	FORCES? 1 YES	DATES		ecity Cuben, Mexic		Rican, atc.)		Specify:	White, at	D.
3 Widowed 4 Divorced				a Zivo open	ny.		C	auca	sia	n
15. DECEDENT'S ED		16a. DECEDENT'S U	SUAL OCCUPATION	ON	166	, KIND OF BU	SINESS/INDUS	of the last the same of the		
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	ast or worlding						
12	N/A	mining e	ngineer			coal m	nine			
17. FATHER'S NAME (First, Middle, Last)	IN/A			18. MOTHER'S N.	AME (First.	Middle Maiden	Surname)			
W. L. Hugh	es				la Kul					
190. INFORMANT'S NAME (Type/Print)		10h MAN IMO	ODBERG (Com-1	and Number or Rural	Court Name	A. Ch To	on Photo Tin Co	a alas	_	
Mary/L. Hughes 20- METHOD OF DISPOSITION 10 Paurial 2 Cremetton 3 Rev		1 UO 15		t. Upper			NO. 2	-		
23. PART I. Enter the diseeses, or shock, or heert failure IMMEDIATE CAUSE (Final	complications that cause. List only one cause on			Old Alex					App	roximate rval Between set and Deati
disease or condition resulting in death)	BUE TO FOR AS	A CONSEQUENCE OF	CANCE	ir					11	Mov Th
Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	¢	A CONSEQUENCE OF)								
PART II. Other algolificant condition	ons contributing to deeth	but not resulting in	the underlyin	g ceuse given in	n Part I.	24a. WAS AF				OPSY FINDINGS
						1 NES		(OMPLETI	ON DF CAUSE
									DE DEATH	2 NO
25. WAS CASE REFERRED TO MEDICAL	T .		26. P	LACE OF OEATH (C	Shack only o	ne)				
EXAMINER?	HOSPITAL:		OTHER:							
27. MANNEATOF DEATH	1 Pinpetient 2 ER/O			ne 5 Rasidence	1		D1 11 100 1 0 0 0 1	250	-	
1 Netural 5 Pending	28e. DATE OF INJURY (Month, Dey, Year)	28b. TIME	IRY W	JURY AT ORK?	288. DE	SCRIBE HOW	INJURY OCCUI	RED		
2 Accident Investigation				YES 2 NO	1					
3 Suicide 6 Could not be determined	building, etc. (Sc	RY — At home, farm, st pecify)	reet, factory, offic	be	28f. LO	CATION (Street or Town, State	end Number or)	Rural Ro	ute Numb	e;
onel	SICIAN: To the best of my known NER: On the basis of examinat								and men	ner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFI	ER /			29c, LICENSE NO	IMRED		29d, DATE S	SIGNED (Worth D	w Weet
	Water 10	1.		0 0 -			D 7	-/-9	C)	y, reary
youry 1/	magen / 1			0.203		_	1	1 /		
HAIRVEY I.	WHO COMPLETED CAUSE OF I	J. 8926	Lebor	MARK K	201.	#201	Cl.	110.	NA	0
FEB 8 1990	who Davidson has	PATURE								

X AND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1	- STATE REGISTRAR	OINIE OI I	CI	ERTIF	ICATE O	F DEAT		MENTAL	REG. NO.				
Г	1	1. DECEDENT'S NAME (First, Middle, Last)	Aone	s Forest					2. DATE O	F DEATH			3. TIME OF DEATH	
		Agnes	F	o rolest	/	Larris			MONTH	2		YEAR 90	1031 A M	
1	ı	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEA	IF UNDER	24 HRS.	7. DATE O	F BIRTN		/ -	IPLACE (State or Foreign	
1			1 □ M 2 💬 F	83	YRS.	MONTHS DAY	HOURE	MIN.	Dec.	16,19	06	Countr		
	ŀ	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOW	N OR LOCATION	ON OF DE				TY OF D	2	
DIRECTOR		Washington Count		al			stown					hing		
1 5		RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	7		10c. CIT	Y. TOWN OR LO	CATION						10d. INSIDE CITY	
1 2		Maryland Wash	ington			agerst							LIMITS?	
		100. STREET AND NUMBER	Ingcon			ageroc	10f. ZIP CODI	E			10g. CITI	ZEN OF V	WHAT COUNTRY?	
FUNERAL		6 Emerald Drive					21740					SA		
15		11. MARITAL STATUS		NT EVER IN U.S. AR			ECENDENT C				or No-	14. RACE	E — American Indian, k, White, etc.	
BY	- 11	1 Never Married 2 Married 3 Wildowed 4 Divorced		WAR OR DATES	NO		ES 2 NO			cen, etc.)			îte	
8		15. DECEDENT'S EDU (Specify only highest grade	CATION	16s. DE	CEDENT'S	USUAL OCCUP	TION		16b. I	KIND OF BUS	INESS/IND	USTRY		
l li		Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u	work done during se retired.)	most or worter	ng						
, j		12	1	1	iouse	wife								
COMPLETED		17. FATHER'S NAME (First, Middle, Last)					18. MOTI	NER'S NA	ME (First, Mi	iddle, Maiden	Surname)			
88		Harry W. Banks,	Sr.				Agn	es K	. For	est				
100		19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Stre								
B.		Gloria H. Donat		9	95 Ph	easant	Trail	, На	igerst	own,	Mary.	land	21740	
П		20a. METHOD OF DISPOSITION □[Burlel 2 □ Cremetion 3 □ Rem	oval from State	20b. PLACE other pi	OF DISPO	SITION (Name of	cemetery, cren	netory or			CATION —			
T	1	4 Donation 6 Other (Specify)		Rest	Have	n Ceme	tery			Hag	erst	own,	Maryland	
	į	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME												
2		Scott Minnel 415 E. Wilson Blvd., Hagerstown, Md. 21740												
	7	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Approximate												
		shock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final												
		disease or condition	,	anto	-	M	4						Onest sild Death	
	- 1	resulting in death)	a. DUE TO	OR AS A CONSE	OUENCE C	F): /	7	1			- 2	5		
			. Ar	Vons	101	oxe	11	the	SIR	2504	de.	-Pi	mea.	
		Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions, our to (or as a consequence of): Sequentially list conditions,												
3		if any, leading to immediate cause. Enter UNDERLYING												
E		CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION		resulting in death) LAST	d											
		PART II. Other significant condition	ns contributing to	death but not	resulting	in the underl	ring cause	given in	Part I.	24s. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS	
DICAL										PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE	
									-	1 YES 2	NO		OF DEATH?	
MF									-				1 TYES 2 NO	
NA		25. WAS CASE REFERRED TO MEDICAL					DI 100 0F 0	F 4 TM 404						
PHYSICIAN		EXAMINER?	HOSPITAL:		0.54	OTHER:	PLACE OF 0							
> ×		1 VES 2 NO 27. MANNED OF DEATN	28e. DATE O	ER/Outpatient 3	28b. Til	4 Nursing	INJURY AT	neidence		(Specify) CRIBE HOW I	NI HIRW OO	OUNED		
E		1 Netural 5 Pending		Day, Year)	IN	JURY	WORK?	7 NO	200. DESC	PRIBE HOW I	NJUNT OC	CUMED		
	- 15	2 Accident Investigation	28a, PLACE	OF INJURY At he	ome form				261 1 000	TION (Street	and Mumba	or Promi	Route Number,	
TED		3 Suicide 6 Could not be determined	building	, etc. (Specify)						r Town, State)		or riorer	nous Namon,	
		29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best o	f my knowledge, d	eath occur	red at the time.	late and place	and due	to the caus	se(a) and mar	oner as elei	had		
COMPLET		anal											a) and manner as stated.	
-	18	200. SIGNATURE AND TITLE OF CENTIFIE						ENSE NU				E SIGNED		
E H	1	CHON					DZ	68	00		•	1/2	4/90	
E 2		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
		Hamotho	mo 161	10 Oct	44	Ace	Hag	P18	Var	ml	N	2	1740	
		31. DATE FILED (Month, Day Year) Lez, REGISTRAR'S SIGNATURE												

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)	WINONA BONN				2. DATE OF DE	EATN	3. TIME OF DEATN					
	Winona F	3	Hens			MONTH	22	90	620 PM				
	4. SOCIAL SECURITY NUMBER 217-42-7549	5. SEX 6. AGE ((In yrs. leat birthday) 2 YRS.	F UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIL (Month, Day, March), 1917	1917 B. BIRTHPLACE (State or Foreign Country) Marvland					
	9a. FACILITY NAME (If not institution, give str	reet and number)		96. CITY, TOWN D	R LOCATION OF DE	ATN	9c. C0	DUNTY OF	DEATN				
DIRECTOR	Washington County	W	ash	ington									
Ä	10a. STATE 10b. COUNTY		10c. CITY,			10d. INSIDE CITY LIMITS?							
	Maryland Frede	erick	Mye	rsville					1 TYES 2 NO				
FUNERAL	1725 Monument F	Soad		1 2 2 2	21 773		1.0	U.S.	WHAT COUNTRY?				
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN		ecify Yes or No-	14. RA	CE — American Indian.				
	1 Never Married 2 Married	FORCES? 1 YES			city Cuban, Mexican 2 NO Specify		etc.)	9.7.7	eck, White, atc.				
) BY	3 Widowed 4 Divorced			1					White				
Ī	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DECEDENT'S L (Give kind of we life. Do NOT use	ork done during mo		2-21/2/07/2	OF BUSINESS/	NDUSTRY					
COMPLETED	10 yrs.	College (1-4 or 5+)	Homemak			N/A	A						
MO	17. FATHER'S NAME (First, Middle, Lest)				10. MOTHER'S NAI	ME (First, Middle,	Maiden Surname)					
BE C	David H	Brodie	Bonney		Car	rie			Evans				
10 B	19a, INFORMANT'S NAME (Type/Print)				nd Number or Rural F								
F	Donald L. Henson		1725 M	onument	Road M	yersvil							
•	20g METHOD OF DISPOSITION 1 & Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	ovel from State	other place) St. Marks			ery	Wolfsv		, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7606 Boonsboro Pike												
	Douglas A. Fiery Augh A File. Bast Funeral Home Boonsboro, Maryland												
	23. PART I. Enter the diseases, or complications that caused the death Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata												
	shock, or heart fallure. List only one cause on each line.												
	disease or condition resulting in death) a. Aleno Carcinoma of the Ovary, 14mc. Due to (or as a consequence of):												
		DUE TO (OR AS	A CONSEQUENCE OF):			J						
NO	Sequentially list conditions,	b.	A CONSEQUENCE OF			, , , , , , , , , , , , , , , , , , ,							
ATI	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS)	A CONSEQUENCE OF	F.					į				
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF);									
CERTIFICATION	resulting in death) LAST	4.											
	PART II. Other significant conditions	a contribution to death i	net not resulting is	the underlyin	a causa alven in	Part i 24a	WAS AN AUTOPS	ev l	4b. WERE AUTOPSY FINDINGS				
CAL	TAIT II. Ottor aignitosit continues	a continuoung to dead i	out not reading in	r are anderlynn	g cadae giveir iii		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC						_ ' -	YES 2 NO		DF DEATH?				
						_			1 _ YES 2 _ NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATN (Ch	eck only one)							
Sic	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER: 4 Nursing Hore	e 5 - Residence	8 Other (Spe	icity)						
并	27. MANNER OF, DEATH	28s. DATE OF INJUSTY (Morith, Day, Year)	28b. TIME	OF 28c. INJ	URY AT	28d. DEŞCRIB	E NOW INJURY	OCCURED					
ВУ	1 1 Aletural 5 Pending 2 Accident Investigation	- Charles	9.45		YES 2 NO								
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJUST building, etc. (Spe	Y — At home, farm, s icily)	treet, factory, offic	•	281. LOCATION City or Tox	N (Street and Num vn, State)	nber or Flur	al Route Number,				
Ë	29a, CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	riados desth occurs	d at the time date	and place, and due	to the couse(s)	and manner as	stated					
¥	CONSTRUCTION OF THE PROPERTY O	R: In the basis of examination							se(a) and manner as stated.				
E CC	190. SIGNALURE AND TITLE OF CENTIFIER (Month, Day, Year)												
m	(Laile (Spenser MX) D11133 1-23-90												
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	27 (Type,	Row 6	ud Kel	14	agersi	ow u	MO				
	31. DATE EILED (Month, Digu Yapr)		NATURE	10-0		- / -	1)						
31. DATE ELLED WOM, Any year) Julia Day dean - Pandale													

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at a	
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1	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) RAMZI ISKAN	DER				2. DATE OF DEATH MONTH		3. TIME OF DEATH				
i			E (In yrs. lest birthday) 56 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Des. Year) 10/25/	/33	BIRTHPLACE (State or Foreign Country) IRAQ				
SR	98. FACILITY NAME (If not institution, give street THE JOHNS HOPKINS	et and number) HOSPITAL		96. CITY, TOWN O	R LOCATION OF DEA	ATH	9c. COUNTY BALTIM					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY UMITS?				
	Maryland Baltimore City Baltimore 100. STREET AND NUMBER 101. ZIP CODE 100. CITIZEN OF											
ERA	8 Charles Tower	s; 1402 I	N. Charl	es St.	21	201	IRA	Q				
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify: 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE-Black, Specify.											
BE COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of the life. Do NOT us		DN st of working	16b. KIND OF BE	USINESS/INDUST					
MO	17. FATHER'S NAME (First, Middle, Last)	4+	Engine	er	16. MOTHER'S NAI	ME (First, Middle, Maide		U •				
Č	Iskander		Matlou	เช	Jamia			Bakos				
TO B	19a. INFORMANT'S NAME (Type/Print) Evelyn Articola					402 N . C		s St. Balto.				
	20a. METHOD OF DISPOSITION D Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State	other place)	SITION (Name of cer Shedral	cemetery cremetory or	20c, L	ocation - City Baltim	or Town, State				
	21. SIGNATURE OF FUNERAL BERVICE LICE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE New Cathedral Cemetery Baltimore, MD 22. NAME AND ADDRESS OF FACILITY Slack Funeral Home M00535 Ellicott City, Maryland 21043										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, ahock, or heart feliure. List only one cause on each line. Approximate interval Between Onset and Beath											
	IMMEDIATE CAUSE (Finel	3 112						Onset end Death				
	resulting in death)	Probable DUE TO (OR A)						1ehrs				
ATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR A	d cyst d	isease (if the (1)	uar_		ISYIS				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):								
	PART II. Other algnificant conditions	contributing to death	but not resulting	In the underlyin	g cause given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS				
DICAL	Intro-alodomina	I infection				PERF	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDIC	_ Enterocutanea	xus fistule	ae			_		1 TES 2 W NO				
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE DF OEATH (Ch	eck only one)						
YSIC	1 U YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O			ne 5 🗆 Residence	8 Other (Specify) 28d. DESCRIBE HOW	/ IN HITT 000H	250				
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	ir) IN	JURY W	YES 2 NO	284. DESCRIBE NOV	INJUNY OCCUP	NEU				
	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, Specify)	street, factory, offic	•	28f. LOCATION (Stree City or Town, Sta		Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER							suse(a) and manner as stated.				
B	296. SIGNATURE AND TITLE OF CENTIFIER 296. DICENSE NUMBER 296. LICENSE NUMBER 296. DICENSE NUMBER											
2	30. NAME AND ADDRESS OF FERSON WHO				Johns H	opkins L	laspita	l.				
	31. DATE FILED (Month, Pay 12) 5 191	32. REGISTRAN'S A	a drugdson-l	fandell.		opkins L						

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I THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should an analysis of the strength of the strength permit.	sit parmit. Pages	1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Memal Hygliene prior to burial, cremation, or removal.	ž°	4,
PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		210

JAN 1 9 '90

32. REGISTRAR'S SIGNATURE WILL DAVIDSON - Randelle

										<i>50</i> 0	3400	
	FOR 1 - STATE REGISTRAR	STATE OF MARY				EALTH AND DEATH	MENTAL	HYGIEN REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Last)	f. T.	wick			-	2. DATE O	F DEATH DA	v 14	3. TIME OF	OEATH 39	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	E (In yrs. lest bir	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH Day Year	BIRTHPLACE (State Country)	or Foleign			
	201-03-0024	1 M 2 - F	87			11/12/02 Pa.						
TOR	9a. FACILITY NAME (If not institution, give street Maryord May Residence of Decement		pital	90.	Hauri	OR LOCATION OF D	huer_		9c. COUNTY	rford		
DIRECTOR	Maryland Harf	ord	1		MN OR LOCAT	TON				10d. INSIDE LIMITS 1 X YES	?	
FUNERAL	100. STREET AND NUMBER 330 South Roge	ers Street			101	21001			10g. CITIZEN	OF WHAT COUNT	RY7	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 110	D	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 X NO Specia	en, Puerto Ric	(Specify Yes	or No- 14.	RACE — America Black, White, etc. Specify:	n Indian,	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give I	kind of work a NOT use retir		at of working			SINESS/INDUST			
JMP	12	4	Mecha	anica.	l Engi				vt.	A.P.G.		
BE CO												
10	19a. INFORMANT'S NAME (Type/Print) Sally . Liggett					arke Str					01	
	20a, METHOD OF DISPOSITION		Ob. PLACE OF	DISPOSITION		metery, crematory or				or Town, State	01	
1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Deer Creek Cemetery Forest Hill, Me											•	
	21. SIGNATURE of Voteral Service Licenses 22. NAME AND ADDRESS OF FACILITY Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between the cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition RLL (specification)											
	reaulting in death)	DUE TO (OR AS	A CONSEQUE	ENCE OF):	4							
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUE	ENCE OF):		drom	0					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS			J.	are w						
Ü	DAST II ON A MILE AND AND A			tot 4 41			2 1					
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions	contributing to death						PERFOR	RMED?	24b. WERE AUTO AVAILABLE COMPLETIO OF DEATH?		
. ME			_				-			1 🗆 YES	2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Lor	28. P	LACE OF DEATH (C	heck only one					
IS	1 TYES 2 FIND 27. MANNER OF DEATH	1 Discontinut 2 ER/O		DOA 4	Nursing Hon	ne 5 🗆 Residence	,					
ву Рн	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year		R6b. TIME OF INJURY	W	JURY AT DRK? YES 2 NO	28d, DESC	RIBE HOW	NJURY OCCUR	ED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Ro-City or Town, State)							Rural Route Numbe		
COMPLETED	one)	CIAN: To the best of my kind. 3: On the basis of examinating								suse(a) and mann	or as stated.	
腸	29b. SIGNATURE AND TITLE OF CERTIFIER	Lovel	I w	10		29c. LICENSE NU	IMBER			GNED (Month, Day	; Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	BEATH (ITEM 2	27) (Type, Print	1R,	MD	2/0/	4				

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	24 nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. ion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 • STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN		0 00400				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH				
	LAWRENCE	ALLEN	JOY			01/23/90	AY YEAF	8.36AM M				
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs.	last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Fore					
		× M 2 □ F 85	YRS.	ITHS DAYS		03-12-1904	04 Maryland					
Nor-	9a. FACILITY NAME (If not institution, give street				R LOCATION OF DE	ATH	9c. COUNTY OF					
聖	PRINCE GEORGES HOSP	ITAL CENTER		CHEVERI	LY		GEORGE					
IBE	Maryland Prince	Comments		OWN OR LOCAT				10d. INSIDE CITY LIMITS?				
0	100. STREET AND NUMBER	George's	Hyatt	sville	ZIP CODE		Las- OUTITON S	1 X YES 2 □ NO F WHAT COUNTRY?				
FUNERAL DIRECTOR	4914 49th Avenue			1	20781		U.S.A					
5		FORCES? 1X YES 2	ARMED			C ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, liack, White, etc.				
BY F	Never Married 2 Married Widowed 4 Divorced	IF YES, GIVE WIR OR DATES	NO		2 X NO Specify:	, Puarto Rican, etc.)		pecify: White				
	15. DECEDENT'S EDUCATI	ION 16a	DECEDENT'S USL			16b, KIND OF BU	SINESS/INDUSTR	γ				
COMPLETED	(Specify only highest grade com Elamentary/Secondary (0-12) C	npleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos tired.)	st of working							
MPL	12th -	Me	ter Ins	pector		D.C. Wa	iter Der	artment				
	17. FATHER'S NAME (First, Middle, Lest) Charles Joy					NE (First, Middle, Maiden	,					
BE	19a. INFORMANT'S NAME (Type/Print)		AND MAIL BIG AD	ADECC (O)		Constanti						
2	Ruth M. Middleton					sville, Ma						
	20e-METHOD OF DISPOSITION	20b. PLAC	CE OF DISPOSITIO		netery, crematory or		CATION City or					
	4 Donation 5 Other (Specify)	Ft.	Lincol			Bre	entwood.	Maryland				
	21. SIGNATURE DY NUMERAL SERVICE (ICENSEE) 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home											
	4739 Baltimore Ave., Hyattsville, Md. 20781											
	23. PART I there the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory streat, and the cause on each line. Approximate interval Between											
	IMMEDIATE CAUSE (Finel											
	resulting in death) e	DUE TO (OR AS A CON	SECUENCE OF	ono	my 1	Ivest						
7		Seviene ("C2/ 0"		V A	1-erux	icra					
E I	Sequentially list conditions, If sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
SA	CAUSE (Disease or Injury	Venini	and	M	anu	nyen	1					
CERTIFICATION	that initiated events resulting in death) LAST	CON COR AS A CONS	SECUENCE OF	1011	1 F	" /1.	0					
	d	1311		e ooc	1 0 -	ven	-					
NA I	PART II. Other significant conditions of	ontributing to death but no	ot resulting in t	ha underlying	g cause given in i	Part I. 24n. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
MEDIC	- sonzune a	lesarde	Υ			1 [] YES 2	≧ □ NO	OF DEATH?				
Σ								1 YES 2 NO				
PHYSICIAN:	26. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Che	nck only one)						
Sic		OSPITAL: Inpatient 2 ER/Outpatient		THER: Nursing Hom	e 5 🗆 Residenca	6 Other (Specify)						
F	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	RK?	28d, DESCRIBE HOW	INJURY OCCURED	>				
ВҰ	1 Natural 6 Pending 2 Accident Investigation	She Di ACE OF BUILDING A			YES 2 NO							
ED	3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY — At home, farm, street, factory, offica 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
E	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge,	doub occurred a	t the time date	and alone and the	to the assessed and ma	nn-s as stated					
COMPLETED	0001 —	On the basis of examination and/						se(a) and menner as stated.				
E CC	296. SIGNATURE AND TITLE OF CERTIFIER	IBER	29d. DATE SIGN	NED (Month, Day, Year)								
00	Kalan	andy			D20	2108	D 1/.	23/70				
5	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Pri	WE	MD 2	07/5						
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	E			- '/)						
	JAN 29 '90	Julia Davidson	-Randall									

30

31. DATE FILED (MOON, D. JAN

3 '90

	FOR	STATE OF MARYLAND	/ DEPARTMEN	T OF HEALTH AND	MENTAL HYGIEN		90 0	3464					
	1 - STATE REGISTRAR	C	ERTIFICAT	E OF DEATH	REG. NO								
	1. DECEPTINE HAME (First, Mindle Last)		, ,		2. DATE OF DEATH MONTH	al Pa	3. TIME	95 95 ATH ,					
	PEARL			1	() (0/7	OX	1 M					
	213-44-4864	6. AGE (In yrs. In	YRS. IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) FEB. 11.19		OUTH DA						
-	9a. FACILITY NAME (If not institution, give street		9b. CIT	Y, TOWN OR LOCATION OF D	DEATH	9c. COUNT	Y OF DEATH						
0	415 WATERFORD ROAL)	SII	LVER SPRING		MON	TGOMERY	Y					
EC	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION				SIDE CITY					
DIRECTOR		GOMERY	SILVE	R SPRING			1 🗆 Y	MITS? ES 2 NO					
FUNERAL	100. STREET AND NUMBER 415 WATERFORD ROAD			101. ZIP CODE	20901	10g. CITIZE	N OF WHAT CO	UNTRY?					
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S. A	RMED 13	. WAS DECENDENT OF HISPA			I. RACE — Ame Black, White,	ricen Indien,					
В	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES 2 THE STATE OF DATES	NO	If yes, specify Cuban, Mexic 1 ☐ YES 2 ☒ NO Spec	an, Puerto Rican, etc.) lly:		Specify: WHITE	etc.					
COMPLETED	15. OECEOENT'S EDUCAT (Specify only highest grade cor	ION 16s. 0	ECEDENT'S USUAL O	OCCUPATION advantage	16b. KIND OF BU	ISINESS/INDUS	TRY						
9		College (1-4 or 5+)		during most of working									
MPI		1 S	ECRETARY		FEDERAL	GOVER	NMENT						
8	17. FATHER'S NAME (First, Middle, Lest)				AME (First, Middle, Malder	Surname)							
BE	LLOYD L. MATTH	EWS		EMMA	AUBY								
2	190. INFORMANT'S NAME (Type/Print) SHEILA K. RAEDEL			SS (Street end Number or Rure NY DRIVE AN				13					
	200, METHOO OF DISPOSITION	20b. PLACI	E OF DISPOSITION (A	lame of cametery cramatory or			ly or Town, Stat						
	1 🗓 Burial 2 🗆 Cremation 3 🗆 Remova 4 🗆 Donation 5 🗀 Other (Specify)	GATE	OF HEAVE	EN CEMETERY	SIL	VER SP	RING, M	ARYLAND					
	21. SIGNATURE OF THE RAL SERVICE OF THE PROPERTY OF THE PROPER												
	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) IMMEDIATE CAUSE (Fine) IMMEDIATE CAUSE (Fine)												
	disease or condition a	LUNG	CAT	V CER				X MOS					
		DUE TO (OR AS A CONSI	EQUENCE OF):	140									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):												
E I	CAUSE (Disease or injury	DUE TO (OR AS A CONSI	EQUENCE OF:				-+						
E	that initiated events resulting in deeth) LAST	ATTACA ATTACA ATTACA ATTACA					1						
8													
¥	PART II. Other significant conditions of	contributing to death but not	resulting in the s	inderlying cause given in		N ALITOPSY HIMEO?	months of the second se	NUTOPSY FINDINGS BLE PRIOR TO					
음	12				1°□ YES	2 XHO	OF DEA	ETION OF CAUSE THT					
W						/ \	1 🗆 W	ES 2 1 NO					
ä													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	ОТН	26. PLACE OF DEATH (C	theak only one)								
YSI	1 TYES 2 NO 1	☐ Inputient 2 ☐ ER/Outpetient			6 🗆 Other (Specify)								
PHYSICIAN: MEDICAL	27. MANHER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	29c. INJUNY AT WORK? 1 YES 2 NO	36d. DESCRIBE HOW	INJURY OCCU	RED						
BY	2 Acident Investigation 3 Suicide a Could not be	26e. PLACE OF INJURY At I	home, farm, street, fa	ctory, office	28f. LOCATION /Street		- Floral Floute Nu	mbec.					
COMPLETED	4 Homicide determined	building, etc. (Specify)	and a series and the little of		City or Rawn, State								
YE.	28s. CERTIFYING PHYSICIAN: To the-best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
IWC	cont. Or y	On the tythis of exemplantion and/o						anner sa stated.					
ŏ	296. SIGHAPURE AND THILE ON CENTYRES	(Kink In.	11/11/11	29-20Chyss N	UNIGER	29d. DATE	SHOWED (Month)	Eng. Stat)					
O BE	Some	Jawan	vyu	VO	2012	> /	1181	90					

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be teled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR	STATE OF MA		DEPARTI				MENTA	L HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) PEARL	F	Ε.		JC	YCE		2. DATE MONT	of DEATN H DAY 19		YEAR 90	3. TIME OF DEATH 8:30 A M
4. SOCIAL SECURITY NUMBER		AGE (in yrs. las		F UNDER 1 YE	EAR IF UN	DER 24 HRS.	7. DATE	OF BIRTN			PLACE (State or Foreign
	1 □ M 2XXF	59	YRS,				Apri	1 8 19		MAF	RYLAND
	9a. FACILITY NAME (If not institution, give street and number)									VTY OF DE	
Anne Arundel Gene	ral Hospit	al			Annapo	olis			Ann	e Ar	undel
10e. STATE 10b. COUNTY			10c. CITY, 1								10d. INSIDE CITY LIMITS?
MARYLAND ANNE	ARUNDEL		ANNAI	OLIS							1 YES 2 NO
2068 ALLEN DRIVE					101. ZIP C 21401	7.2				J.S.A	HAT COUNTRY?
11_MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AR	MED	13. WAS	DECENDEN	IT OF HISPAN	NIC ORIGI	N? (Specify Yee		14. RACE	- American Indian,
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [] IF YES, GIVE WAR	YES 2	10	If yo	YES 2	NO Specifi	n, Puerto y:	Rican, etc.)		Specif	, White, etc. y: .ACK
15. DECEDENT'S EDU		16a. DE	CEDENT'S US	WAL OCCU	PATION	orkina	16	. KIND OF BUS	INESS/IND		IAUA_
Elementery/Secondary (0-12)	College (1-4 or 5+)	life.	. Do NOT use r	etired.)	ig moot of the	a rang					
17. FATHER'S NAME (First, Middle, Lest)		Н	OUSEWI	FE				Middle, Maiden S			
GEORGE E. JOYCE					18. N	ELEAN	- '		sumeme)		
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILINO AI	ODRESS (S	treet and Nur	nber or Rural	Route Nun	nber, City or Town	, State, Zip	Code)	
DANIEL JOYCE		6	33 Byv	vater	Road	Anna	poli	s, md.	2140)1	
20e. METHOD OF DISPOSITION 1 Surley 2 Cremetion 3 Rem	oval from State	20b. PLACE other pl	OF DISPOSIT	ON (Name	of cemetery,	cremetory or			ATION —		
4 Donation 5 Other (Specify)		PINEL	AWN MI						NAPOI		
21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE	_		22, NAI	WE AND ADD	DRESS OF FA	CILITY 8	ZI WES	I SI	. AND	APOLIS, MD.
Trilliam	Keese, T							SONS M			P.A.
23. PART I. Entar the diseases, or c shock, or heart failure.	omblications that could be cou	on sech lins	ath. Do not i.	anter the	mode of	dying, euc	h es cei	diec or respin	ratory arr	rest,	Approximata interval Between
IMMEDIATE CAUSE (Final disease or condition	Arterios	alorot	-ia as:	rdio	720011	lar di	0000	no ahr	onia		Onset and Death
reaulting in death)	ALCELIOS NAXIONO	IXIX CHINE	CHENCE YES	obstr	uctiv	ze pul	mona	ary dis	ease	and	-
	b.					cohol		11 010	COLD	0.110	[
Sequantially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSE	OUENCE OF):								
cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO (OF	AS A CONSE	DITENCE OF:								
that initieted events resulting in death) LAST											j
PART II. Other significant condition	e contributing to de	eth but not a	resulting in	tha unda	rlying cau	se given in	Pert I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
							_	1 XYES 2			OF DEATH?
								Head o	nıy		YES 2 □ NO
25. WAS CASE REFERRED TO MEDICAL					26. PLACE C	F DEATH (Ch	eck only o	ne)			
EXAMINER? 1 № YES 2 □ NO	HOSPITAL: 1 Inpatient 2 El	R/Outpatient 3		OTHER:	Nome 5	Residence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN. (Month, Day,	JURY Year)	28b. TIME (TY	c. INJURY A WORK? I YES		28d, DE	SCRIBE NOW I	JURY OC	CURED	
3 Suicide 6 Could not be	28e. PLACE OF II building, etc	NJURY — At he	ome, ferm, str	et, factory.	office			CATION (Street e	nd Number	or Rural R	loute Number,
4 Nomicide determined											
Transfer billy to the beautiful to the b											
596. SIGNATURE AND TITLE OF GENTARE	1 //	11			29c.	LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
White	Wan	1///				OCME			1	-20-	90
Dullia C. Goodin,	M.D.	PENSIN (ITE	M 27) (Type, P		l Peni	n St.	. Ba	lto., M	ID 2	1201	
34 DATE FILED (Morrin, Day, Meer)	32. REGISTRAR'S	SIGNATURE	Bonda BO						- 4		
JAN 2 6 19	94 Junior	14 4701 A.A.	1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								DHMH-18 Rev 1/89

29c. LICENSE NUMBER

OCME

111 Penn Street, Baltimore, MD 21201

Page 6 may be retained by the hospital or attending physical

after death.

BALTIMORE, MARYLAND 21203-3146

TO THE FUNERA
be filed within 72
IMPORTANT: II

31. DATE FILED (Month, Day, Year) '90 JAN 25

JULIA C. GOODIN, MD

32. REGISTRAR'S SIGNATURE wha Davidson-Randall

M 27) (Type, Print)

DHMH-16 Rev 1/89

VC

29d, DATE SIGNED (Month, Day, Year)

1-23-90

The Soleman

1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			ENTAL HYGI REG.					
	1. DECEDENT'S NAME (First, Middle, Last) ROB	IN	J.	JOH	INSON	2. DATE OF DEAT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H DAY	YEAR	3. TIME OF DEATH 8:44AM		
	4. SOCIAL SECURITY NUMBER N/A 9a. FACILITY NAME (t) not institution, give s	1 💢 M 2 🗌 F	YRS. MON	THE 12	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 12-3-89))	Count	ryland		
. 1	Leland Memorail	*	96.	Riverd	ale	TH		nty of t	Georges Co.		
x 11-	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Prince Georges Riverdale								10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	10e. STREET AND NUMBER 6316 61st Place		•	10f. Z	20737				what country? States		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2∕ NO	If yes, speci	IDENT OF HISPANIC Ify Cuban, Maxican, NO Specify:		y Yea or No-	14. BAC	E — American Indien, k, Whita, etc.		
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5 +)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most		16b. KIND OF	BUSINESS/IN	IDUSTRY			
-	N/A 17. FATHER'S NAME (First, Middle, Last)		N/A		18. MOTHER'S NAMI	E (First, Middle, Me	N/A				
	Alfred B. Johnson	n				ie Mudd	ador damano,		**		
	19a. INFORMANT'S NAME (Type/Print) Alfred B. Johnso	on Sr	Charles and the contract of the		number or Aurel Ao						
- 11	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	20	b. PLACE OF DISPOSITIO		tery, cremetory or	200	Suitla	- City or T			
	21. BIGNATURE OF FUNERAL BERVICE LY	TEMSEE 1 STELLO	816	R. N	ADDRESS OF FACI . Horton Kennedy	Co. Mo		ns,	Inc.		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	MULTIPLE BL	each line.			aa cardlec or r	eapiretory a	rreat,	Approximete Interval Between Onset and Deat		
	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST										
	PART II. Other aignificant condition	ne contributing to death i	but not resulting in t	ne underlying	cause given in P	PE	S AN AUTOPS' RFORMED? ES 2 [] NO	Y 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLA	CE OF DEATH (Chec	ck only one)					
	27. MANNER OF DEATH 1 Netural 5 Pending	1 ☐ Inpatient 2xCxER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJUI WOR	K?	28d. DESCRISE H	IOW INJURY O	CCURED			
	1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be datarmined 4 Memoride 1 Netural 5 Pending Investigation 2 Netural 5 Pending Investigation 2 Netural 5 Pending Investigation 2 Netural 5 Pending Investigation 2 Netural 5 Pending Investigation 2 Netural 5 Pending Investigation 2 Netural 5 Pending Investigation 2 Netural 5 Pending Investigation 2 Netural 5 Pending Investigation 3 Netural 5 Pending Investigation 2 Netural 5 Pend								Aoute Number PLACE MARYLAND		
	(Orlock Orly)	SICIAN: To the best of my know	wledge, death occurred at			o the cause(s) and	d manner as #	tated.			
building, etc. (Specify) HOME 29a. CERTIFIER (Check only) XXXX MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE MUMBER: OCME 29c. LICENSE											
1	JULIA C. GOODIN	N,MD	1		Street,	,Baltimo	ore,MD	2120)1 vc		
1	31. DATE FILED (Month, Day, Year) 32. REGISTRAP'S SIGNATURE										

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	FICA	TE O	F DEAT	TH	F	REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF MONTH	DEATN	v	YEAR	3. TIME OF DEAT	N
Curtis, H.		es							1	2.1		90	4:28	D ^M
4. SOCIAL SECURITY NUME		5. SEX		in yrs. lest birthday) IF U	HS DAY	-	24 HRS.	7. DATE OF I			8. BIRTI	HPLACE (State or Fo	reign -
220-07-89	45	1X M 2 □ F		78 YRS.	mon.	no uni	Hoone	MIN.	01 2	25 1	1	Man	cyland	
9a. FACILITY NAME (If not in	stitution, give s	street and number)			9b.	CITY, TOW	N OR LOCATIO	ON OF DE	ATN		9c. COU	INTY OF E	DEATN	
Caroline		ng Home				Dent	on				Car	coli	ae	
RESIDENCE OF DEC	10b. COUNT	Y		10c. C	ITY. TO	WN OR LO	CATION	_					10d. INSIDE CITY	
Maryland	Talk	oct		0.311	sto								LIMITS?	
10e. STREET AND NUMBER		, O C		Į La	5 0	-	101. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?	
Route 5,	Вох 3						2160)1			U	.S.		
11. MARITAL STATUS 1 Never Married 2 X	Afficient and	12. WAS DECEDEN FORCES? 1	YES	U.S. ARMED					IIC ORIGIN? (S		or No-	14. RAC Blec	E — American India	ın,
3 Widowed 4 Dive		IF YES, GIVE W					ES 2 NO					Spec	nite	
	EDENT'S EDU			16a. DECEDENT (Give kind o	'S USU	AL OCCUPA	TION most of workin	g	16b. KJI	ND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +)							1				
17. FATHER'S NAME (First, A	Blokelle 4 Al			elect	rl	lan		usale	ME (First, Midd	lect				
J. Hobson		25							Sinc.					
19a. INFORMANT'S NAME				10h MAII II	NG ADD	RESS /Sw			Route Number.			in Code1		
Nellie P.		25		200 P. SHID					ston			601		
			20b	PLACE OF DISP						-			own, State	
20a. METNOD OF DISPOSITING Burtal 2 Crematic	on 3 🗌 Rein	noval from State		other place) pring									aryland	
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	10	DI 1110		22. NAME	AND ADDRES	SS OF FA					11 / 14114	
>	_	. = 0	-	-)					eral I					
23. PART I. Enter the d		. MER			not s				yland		ratory a	rrest	Approxim	ata
ahock, or h	neart fellure.	List only one cau	se on e	ach line.	, 1100 0	THOU CHE	illous of dy	ing, auc	11 44 0410140	or reap	ratory a	1000,	Interval B	etween
IMMEDIATE CAUSE (FI disease or condition	nel	Pa	111	mor	11	1							Consect and	Da.
reaulting in death)	7	DUE TO	(OR AS A	CONSEQUENCE	OF):	1				4	4		1 30	rays
		mil	and	atil	Ca	1111	non	10	pro.	tat			1/4	1
Sequentielly list condi- if any, leading to imme		DUE 10	(OR AS A	CONSEQUENCE	OF):		100-1		1				1	
cause. Enter UNDERLY	ING	a CH1		LOV AA									0	
that initiated events		DUE TO	(OR AS A	CONSEQUENCE	OF):									
resulting in death) LAS	' L	d												
PART II. Other algnific	ent conditio	na contributing to	death b	out not resultin	g in th	e underly	ying cause (given in	Part 1. 24	Ia. WAS AN		24	b. WERE AUTOPSY F	
CILA						_				PERFOR			AVAILABLE PRIOR COMPLETION OF	
COOD									— I.	YES 2	NO		OF DEATH?	NO
-0010									-				1 1 169 2	
25. WAS CASE REFERRED	TO MEDICAL	1				28	. PLACE OF D	EATH (Ch	neck only one)					
EXAMINER?		HOSPITAL:	ER/Out	patient 3 DOA	37				5 Other (S	Spec#y)				
27. MANNER OF DEATN		28a. DATE OF (Month, L	INJURY	25b. 1	TIME OF		INJURY AT WORK?		28d. DESCR		NJURY O	CCURED		
1 Natural 5 2 Accident	Pending Investigation		my, reer)		HOURT	M 1	YES 2	_ NO						
3 Suicide 8	Could not be	28e. PLACE C	F INJURY	/ — Al home, farm	n, stree	t, factory, o	office		201. LOCATI	ON (Street a	and Numb	er or Rura	I Route Number,	
4 Homicide	determined													
29a. CERTIFIER (Check only	TIFYING PNY	SICIAN: To the best of	my know	riedge, death occ	urred at	the time,	date and place	, and du	to the cause	(a) and mar	nner es si	tated.		
anal .	DICAL EXAMIN	IER: On the basis of a	xaminatio	on and/or investige	ation, ir	my opinio	n, death occu	red at the	lime, date an	d place, en	id dua to	the cause	(a) and manner as a	stated.
296. SIGNATURE AND HITL	E OF CERTIFI	PR Ma					29c. LIC	ENSE NU	MBER	=	29d. D/	TE SIGNE	ED (Month, Day, Year)	
	1/4	1/1/2		MD			V	35	184			1/2	3/90	
30. NAME AND ADDRESS O	OF PERSON W	AUEN COMPLETED CAU	SE OF DE	EATH (FYEM 27) (7) BB(X)	ype, Prin		OHD	SBA	RO	mI	20	163	6	
31. DATE FILED (Month, Day	, Year)	32. DEGISTR	AR'S SIGN	ATURE	00									
JAN 26	'90	gresia	kuido	on-Randal	2		100							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DNMN-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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AUTHUR 27	oletely fill	remation	ent, the	
xecured	and com	burial, c	atic evi	l
ITHICALE DE EXECUTEO WITHIN 24 NOUIS ATTEN DEATH. PAGE D	hysician	prior to	ir traum	
IIII COLUIN	tending p	Il Hygiene	or othe	
I me nea	by the at	nd Menta	Injury,	
Juines ma	paudis i	Health a	DWS any	
e law red	has beer	Dept. of	n 23 sh	
PHYSICIAN: The law requires that the dea	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as me if	h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or n	or iten	
VG PHYS	ter this c	ath with	marked,	
A I LENDIN	IRECTOR: Af	s after de	28 is i	
TIAL UK	RAL DIRE	be filed within 72 hours after death w	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
H HOS	THE FUNERAL DIF	lled within	PORTANT	
2	5	be fi	IMP	

	1 - FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND F DEATH	MENTA	L HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)		ones			2. DATE MONT	OF DEATH DAY		90 3.	TIME OF DEATH		
i	4. SOCIAL SECURITY NUMBER 577-07-8121		(In yrs. last birthday) 3 YRS.	IF UNDER 1 YEA		7. DATE	о г віятн 14–06		Country)	ACE (State or Foreign		
OR	98. FACILITY NAME (If not institution, give street and number) Baltierore County Reperal Randallstown					Baltimore						
DIMECTOR	PE. DENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e. 91-, E 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									d. INSIDE CITY		
						ville				LIMITS?		
HAL	100. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
LONER	7200 Third Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM FORCES7 1 YES 2 KING			21784 13. WAS DECEMBENT OF HISPANIC DRIGIN? (S								
2	1 Never Married 2 Married 3 Widowed 4 Divorced	DATES	If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify:				Specify: White					
FIED	(Specify only highest grade completed) (Give k Elementary/Secondary (0-12) College (1-4 or 5 +)			DENT'S USUAL OCCUPATION kind of work done during most of working o NOT use retired.)			18b. KIND OF BUSINESS/INDUSTRY					
COMPL	12 17. FATHER'S NAME (First, Middle, Last)				gal Secretary			Clerical				
2	Finley E. Fitch				18. MOTHER'S NAME (First, Middle Martha C. Ru							
0 8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	at and Number of Rural	Route Num	ber, City or Town,	State, Zip Co	क्षेत्र			
-	J. Frederick Sti				Dr. 1B.S							
	20b. NETHOD OF DISPOSITION 1 Surial 2 To Cremation 3 Removal from State 4 Densition 5 Other (Specify) 4 Densition 5 Other (Specify) 4 Densition 5 Other (Specify) 4 Densition 5 Other (Specify)							200				
	22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. BOX 195) Sykesville, MD 21784 (301)-795-1400											
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or reapiratory arrest, ahook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSECUENCE OF):											
HILLAION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
S E E	resulting in death) LAST	d										
MEDICAL	PART II Other significant conditions contributing to death but not resulting in the following to death but not				the underlying cause given in Part I			242. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
PHYSICIAN:	EXAMINER? 1 YES 2 Z NO	HOSPITAL:	tpatient 3 🗆 DOA	OTHER:	ome 5 🗆 Residence	8 🗆 Othe	er (Specify)					
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TII	Bb. TIME OF 18c. INJURY AT WORK? M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Spec/ly)					81. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLEIED	one)	SICIAN: To the best of my kno								nd menner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM					E SIGNED (Mopth, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON W		DEATH (ITEM 27) (Typ)	o, Print)	O long	2.		/				
	31. DATE FILED (MONTH) POX-360 '90	32. REGISTAN'S SIG	WARREN-1904	delle								

N. P.

as the burial-transit permit. Pages 1, 2, 3 should

203-3146

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TOCKN,		must
a by the fulleral unector, page 5		Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
DA CHE	emoval	dical
	5	me
	tion,	, the med
DIRECTOR; Affect this certificate has been signed by the attending physician and compressly	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, Yr removal.	vent,
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E E	hour	Hem

REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. NO				
1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF GEATH	AY AYE	3. TIME OF CEATH		
VERNON F.		JONE:			1 19	- 1			
	13.	MC		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	(BIRTHPLACE (State or Foreign Country)		
100 100	M 2 D F	74 YRS.			03/19/19	-	MD		
9a. FACILITY NAME (If not institution, give street	and number)	3.1	b. CITY, TOWN OR LO	DCATION OF DE	ATH /	9c. COUNTY			
RESIDENCE OF DECEDENT	peneral	Hospital 1	Nestm	inste	C MD	Car	roll		
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION		,		10d. INSIDE CITY		
Mary and Carr	110	Wes	dminst	- A	12		1 1 YES 2 NO		
10e. STREET AND NUMBER			10f. ZIP	COOE	10	10g. CITIZEN	OF WHAT COUNTRY?		
408 MAPLE ;	AVENUE			21150	7	U.	Q		
	. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECEND	ENT OF NISPAN	IC ORIGIN? (Specify Ye		RACE — American Indian, Black, Whita, etc.		
1 Never Married 2 Married	FORCES? 1 X YES			Cuban, Maxican NO Specify	n, Puerto Ricen, etc.)		Black, White, etc. Specify:		
3 Widowed 4 Diverced	WWII						White		
15. DECEDENT'S EDUCATE (Specify only highest grade com		16a. DECEDENT'S US (Give kind of work	done during most of	working	165. KIND OF BU	SINESS/INDUST	RY		
	ollege (1-4 or 5+)	life. Do NOT use n	etired.)						
		Money	Room Op			etrac	K		
17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Malden				
Harry Jones					abel Per				
19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow				
Helen F. Jones			-				MD 21157		
20a, METNOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal	from State	b. PLACE OF DISPOSITI other place)				CATION — City			
4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		arrison				OWI	ngs Mills, M		
21. SIGNATURE OF PUNERAL SERVICE LICENS	see .		22. NAME AND A		ral Home	& Ch	anel		
Robert K. Pr	itts, Sr.				ton Rd.				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
resulting in death) LAST	('BA	sinon	la cut	- 61	uer.				
d	VV C		0						
PART II. Other algnificant conditions of	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in F						24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 \(\square\) NO		
25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Che	ock only one)				
EXAMINER?	OSPITAL: Inpatient 2 - ER/Out		THER: Nursing Nome 5	Residence	● ☐ Other (Specify)				
27. MANNER OF CEATH	26s. DATE OF INJURY	26b. TIME C	F 28c, INJURY	AT	20d. OESCRIBE NOW	NJURY OCCUR	ED		
1 Neturet 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	WORK?						
3 Suicide 6 Could not be detarmined	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, stre	et, factory, office						
onel	N: To the best of my known						ause(s) and manner as stated.		
290. SIGNATURE AND TITLE OF CERTIFIER									
11 Page P	windha	7):	29	C. LICENSE NUN	A C C	29d. DATE B	12/GZ		
			1 /		1/				
30 NAME AND ADDRESS OF PERSON WITH A	OMBI ETED CAUSE OF	EATH STEM OF CO.	(m)	ا کے ا	723	1/	0//0		
30. WAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	N. HE	(m) SP. (WEST	MINSTE	PMD	J. SuriEly		

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be meaning to the filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at order
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	1 - FOR STATE REGISTRAR	TATE OF MAR	YLAND / DEP CERT			EALTH AND N		GIENE 3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA	ATH DAY	V	3. TIME OF DEATH	
	Willard Elwo	ood Jac	obs. Sr				January		1990		М
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. A	GE (In yrs. last birtho	ley) IF UNDE	DAYS	IF UNDER 24 HRS.	7, DATE OF BIR' (Month, Day,)	TH	1. B	NRTHPLACE (State or Foreign country)	,
		M 2 F	76 YR	S.			7/3/			Pa.	
" l	9e. FACILITY NAME (If not institution, give atreet a					R LOCATION OF DE	ATH		COUNTY O		
DIRECTOR	Bel Air Convalesc	<u>ent Cent</u>	er	Be	el Ai	r			Harfo	rd	
ည္က	10e. STATE 10b. COUNTY			CITY, TOWN	OR LOCAT	ION				10d. INSIDE CITY	
5	Maryland Harf	ord		Havı	re de	Grace				1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER				101	ZIP CODE		10		OF WHAT COUNTRY?	
剪	117 Anderson A					21078			U.S		
5	1 Never Married 2 Nerried	WAS DECEDENT EV	YES 2 XXNO	13	If yes, spe	ENDENT OF HISPAN Holfy Cuben, Mexical	n, Puerto Rican, e		No— 14. F	RACE — American Indian, Black, White, etc.	
B≼	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2 NO Specify				SpecHy: White	
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		16e. DECEDEN	T'S USUAL	OCCUPATIO	ON .	16b. KIND	OF BUSINE	SS/INDUST		
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COMPLETED	8	0	Blue	printe	er	,		. Go			
8	17, FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			name)		
8	Crist T. Jacobs		405 444	NIC ADDRE	D.D. /Dansah -	Lula nd Number or Rural F	N. Tha		T- O-1		
유	Janet M. Donovan		1,000,000,00				A SOCIAL PROPERTY.				
	20e. METHOD OF DISPOSITION		20b. PLACE OF DIS			Ave., H				d. 21078 or Town, State	_
	1 N Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	Bel Air	Мето	rial	Gardens		Be1	Air.	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	E\$//		22	. NAME AN	ID ADDRESS OF FA	CILITY				
	* MuM. (11111-				ng-Cargo een, Mar					
	23. PART I. Enter the diseases, or compensors, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)										
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of):									
2	BART II Ohne sheeldlessa conditions of		At- 1A Is	I - I - M			n I		I		
PHYSICIAN: MEDICAL	PART II. Other significant conditions co	ontribuying to dee	I Dut not result	ing in tha t	underiyin	g ceuse given in	P	MAS AN AUT PERFORMEI YES 2 [D?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		0711		ACE OF DEATH (Ch	eck only one)				=
ĮSĮ.	1 YES 2 NO 1	Inpatient 2 - ER	/Outpetient 3 🗆 DC	A 4 N		e 5 🗆 Residence	6 Other (Spec	lfy)			
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Y		TIME OF INJURY		URY AT URK? YES 2 NO	28d. DEŞCRIBE	HOW INJU	RY OCCURE	ED	
BY	2 Accident Investigation	28a. PLACE OF IN	JURY — At home, 1e	rm. street. fa			28f. LOCATION	(Street and	Number or R	tural Route Number,	-
밀	4 Homicide 8 Could not be determined	building, etc.			,,		City or Town		_		
ا ٿ				curred at the	time, date	end place, end dua	to the ceuse(e) e	end manner	as stated.	-	
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN (Check only only 2 MEDICAL EXAMINER: Only only only only only only only only o										d.
8	(Check only					anth occured at the			d. DATE SIG	GNED (Month, Day, Year)	d.
	(Check only one) 2 MEDICAL EXAMINER: On	n the basic of exami	nation end/or investi	gation, in my			MBER 136	29	d. DATE SIG	GNED (Month, Day, Year)	d.
8	(Check only one) 2 MEDICAL EXAMINER: O	OMPLETED CAUSE C	F DEATH (ITEM 27)	(Type, Print)			MBER 136	29	DATE SIG	GNED (Month, Day, Year)	d. -(

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TO THE FUNERAL DIRECTOR, ALICE THIS CELETICATE HAS DECIL SIGNED BY THE ALIENCHING PRISOCIAL AND CONTROL	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunlal, cri	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic eve-	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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1. DECEDENT'S NAME (First, Mid	dle, Last) JANE	KOS	SER					MONT	of DEATH		YEAR	3. TIME OF DEATH 1:55 A.
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Monti	OF BIRTH			IPLACE (State or Foreign y)
220-44-9679 Pa. FACILITY NAME (If not institute	A	90		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COL						ITY OF D	WV	
Memorial Hosp		9b. CITY, TOWN OR LOCATION OF DEATH Cumberland Allega										
	. COUNTY	T	10c. CITY	TOWN O	R LOCAT	ION						10d. INSIDE CITY
MD		Cu	mber		d zip cop	-			44 - 0171		LIMITS? 1 YES 2 NO WHAT COUNTRY?	
116 Oak Str	eet				100.	215				US		VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Marria 3 Wildowed 4 Divorced	NT EVER IN U.S. ARM 1 YES 2 NO WAR OR DATES		- 11	yes, spe	clfy Cube		n, Puerto	I? (Specify Yae Rican, etc.)	or No-	14. RACI Blac Spec	E — American Indian, k, White, atc.	
15. DECEDE	NT'S EDUCATION hest grade completed)	(Gh	EDENT'S U	ork done d			na	16b	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	i+) He.	o NOT use	retired.)	uning mod	at or works	ny		own h	ome		
17. FATHER'S NAME (First, Middle				18. MOT	HER'S NA	ME (First, I	Middle, Malden	Surname)				
	Harry A. Wa	gner							rances	- 111	lorf	
19a. INFORMANT'S NAME (Type/I			MAILING	ADDRESS	(Street a	nd Number		-	ber, City or Tow		_	
Mr. Kenneth	W. Koser		umber									
204/METHOD OF DISPOSITION		20b. PLACE C	F DISPOS			1.0			20c. LO	CATION —	City or To	own, State
1 Buriel 2 Cremation :		other pla	set M	1emor	ial	Par	k		Cu	mberl	land	, MD
21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE		,	22. N	NAME AN	ID ADDRE	SS OF FA					<u> </u>
V	71	/	/	1 9	car	nell	i Fu	nera	1 Home	,		
IMMEDIATE CAUSE (Finsi disease or condition	fallura. List only ona ca	iusa on aach lina.		ot antar	08	Virg de of dy	ing, suc	Ave	nue, C	umbei		Approximate Interval Betwe
shock, or heart IMMEDIATE CAUSE (Finsi	s. At DUE TO	and cauped the decision and line. O (OR AS A CONSECTION OF OR AS	UENCE OF	ot antar	08	Virg de of dy	ing, suc	Ave	nue, C	umbei		Approximate Interval Between
Bhock, or heart IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions if sny, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. DUE TO d. DUE TO d. Conditions contributing t	O (OR AS A CONSEO	UENCE OF	ot antar	the mp	Virg de of dy	Ing, suc	Ave	nue, C	aumben arr	est,	Approximate Interval Betwee Onset and De Ons
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MANDED OF DEATH 25. WAS CASE REFERRED TO ME EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen 1 Accident 3 Suicide 8 Cou	b. DUE TO c. DUE TO d. CONTRIBUTED TO DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE TO	O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO	UENCE OF UENCE OF UENCE OF DOA 28b. Time	OTHER 4 Nume	derlying	Virg de of dy Cause Cause ACE OF C O 5 R URY AT PK7 PK7 2 [given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED? NJURY OCI	24t	Approximate Interval Betwee Onset and De-
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MANDEP OF DEATH 25. WAS CASE REFERRED TO MEXAMINER? 1 Netural S Pen 2 Accident S Certific 3 Suicide 8 Cou dete	EDICAL HOSPITAL: 1 Conditions contributing to the pulled in the pulled i	D (OR AS A CONSEQ O (OR AS A C	UENCE OF UENCE OF UENCE OF DOA 28b. TIME INJ.	OTHER 4 Num OTHER 5 OF JURY M At the tide of tide of the tide of tid	derlying 26. PL 1: ling Hom 26c. (NJ) ory, office	Virg de Df dy Lace Of Co o 5 R URY AT RK? YES 2 [o and plece eath occur	given in DEATH (Chiasidence NO	Part I. Part I. 28d. DE 28f. LOC City to the case time, date	24a. WAS AN PERFOR 1 VES 2 ATION (Street or Yown, State)	AUTOPSY MED? NO NJURY Occurred Number	24t CURED or Rural ted.	Approximate Interval Betwee Onset and De- Onset and De- Nerset autopsy Finding Application To Completion of Causi OF DEATH? 1 YES 2 NO
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TO THE HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Le Bernard M Kei					2. DATE OF DEATH DO 1 19		3. TIME OF DEATH 2:45p		
	4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH	8. E	HRTHPLACE (State or Foreign		
	219 14 5348	-00	o 6 YRS.	ONTHS DAYS H	OURS MIN.	(Month, Day, Year) 11/21/23	9c, COUNTY	Md.		
OR	Frostburg Co	mmunity Hospit			burg Mi		Alleg			
5	RESIDENCE OF DECEDENT	INTY	10c. CITY	TOWN OR LOCATION				10d, INSIDE CITY		
DIRECTOR		Allegany		rostburg	`			1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 59 Ormond ST			10f. Z	21532			OF WHAT COUNTRY?		
BY	1t. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES GIVE WAR OR D		If yes, speci		NC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Nhite		
COMPLETED	15. DECEDENT'S E (Specify only highest gr	rade completed)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPATION ork done during most of retired.)	of working	16b. KIND OF BU	SINESS/INDUST	RY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		airman		Tele	phone	Co.		
S	17. FATHER'S NAME (First, Middle, Last)		100	1	8. MOTHER'S NA	ME (First, Middle, Maiden	-			
BE (James P. K	enney				E. Couni				
T0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
	Darlie J. K		b. PLACE OF DISPOSIT	Ormand	St. F	rostburg	Md.	21532		
4	1 Buriel 2 Cremetion 3 R	emoval from State	other place) Frostbu					z. Md.		
4	21. SUGNATURE OF FUNERAL SERVICE	LICENSEE	/		ADDRESS OF FA		2000	3		
	* sopro	V. Horn		Durst	Funer	al Home,	Fros	tburg, Md.		
	23. PARTI. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.									
	Interval Betwee IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Due TO (OR AS A CONSEQUENCE OF):									
z										
TIO	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
2	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	that initiated events reaulting in death) LAST	302 10 (011 20	A CONSECUENCE OF							
		0.								
PHYSICIAN: MEDICAL	PART II. Other significant condi	ions contributing to seem	but not resulting in	the underlying o	ause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26 Pt AC	E OF DEATH (Ch	and and and				
SICI	EXAMINER?	HOSPITAL:	tostient 3 🗆 DOA	OTHER:		8 Other (Specify)				
Ήλ	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)		OF 28c. INJUR	Y AT	28d. DESCRIBE HOW	NJURY OCCUR	ED		
ВУБ	1 Netural 5 Pending 2 Accident Investigation		INGO		2 NO					
	3 Suicide B Could not determined	building, etc. (Spe	Y — At home, farm, at ecity)	reet, factory, offica		28f. LOCATION (Street City or Town, State		lural Route Number,		
COMPLETED	CONSCR DINY	HYSICIAN: To the best of my know						use(s) and manner as stated,		
BE	296. SIGNATURE AND TITLE OF GERT	well to	Dogru	ner.	DI31		. 1	GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON Dr. A. Roque	who completed cause of d , 48 Tarn Tern				- 0				
	31. DATE FILED (Month, Day, Year)	32 MEGISTRAR'S TO	William.							
	JAN 2 3 1990	1								

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Dr. A. Roque 31. DATE FILED (Month), Day, Year) JAN 2 3 1990

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	TO THE HIGGITAL OR ATTENDING PHYSICIAN. The law requires that the death cartificate be executed within services after death. Pag	TO THE RUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral dits filed within 25 hours after death with the State Dect. of Health and Medial Middless prior to buristic, cremation, or removal.	IMPORTANT If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
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	FOR STATE REGISTRAR		STATE OF I	MARYLA		PARTME!					HYGIEN REG. NO	_	<i>y</i> 0	00414
	1. DECEDENT'S HAME (First	, Afficials; Last)								2. DATE OF	DEATH		3.	TIME OF DEATH
	Waldo C	. Kir	nnev							Janu	2777	12	1990	3.35
	4. SOCIAL SECURITY NUMBER	вел	5. SEX	fl. AGE (h)	yra, last birth		HABY 1 (FIRE	# 1200	94 HMS.	7. DATE OF	BOTTH	1	S. BIRTHPLA	ICE (State or Foreign
	578-44-282	8	1 × 2 = F	87	Y3	RS. WONTH	E OAPS	HOURS	MIN.	11 0			Country)	
	Se. PACILITY NAME (If not it	restrution, give s	street and number)			96L CI	TY, TOWN	OR LOCATI	ION OF DI	the state of the s	8_0		aine TY OF DEAT	н
E	Southern	MD He	neni+al	Cont	tor		014							
E	RESIDENCE OF DEC	CEDENT		Cen	rer	_	CII	nto	n			Pri	nce	George's
H	10s. STATE	10b. COUNT			1 2010	CITY, YOW		THOM					10	6. INSIDE CITY LIMITS?
ā	Maryland	Char	les		Wa	aldor	t.						11	YES 2X NO
¥	10s. STREET AND NUMBER						10	r. ZIP COO				D-0411167000		COUNTRY?
FUNERAL DIRECTOR	2206 Pinef:	ield R	oad					20	601			U.	S.A.	
5	TI, MARITAL STATUS		12. WAS DECEDED FORCES?	NT EVER IN	U.S. ARMED	1				MIC ORIGINY (I		or No-	H, RACE - Black, W	American Indian,
BY F	1 Never Married 2 X		IF YES, GIVE	WAR OR DAT	rais			2 XIO			n, end,		Specify	total all
			1		-								aucas	ian
H		EDENT'S EDU Ly highest grede			16s. DECEDE (Gree Air	d of work doe	w during m	ON out of works	mg	16b, KJ	ND OF BUS	SIMESS/INDO	ISTRY	
빌	Elementary/Securitary (0-12)	Cuflege (1-4 or 5	+)	Ret.	AF and		il S	ervi	ce	U.S.	Gove	rnmen	t
COMPLETED	5th		N/A			-	-						- HINGE	
8								16. MOT		me Fine Min rrie		ETTENTO - 100 A		
BE	James K	mental mag-			Torrison							or earlier her		
5	Dottie Tate	0.000			100000000000000000000000000000000000000	ne as			r or Hunuf	Roote Number,	City or low	n. Stem, Zip	Code)	
	100 Burlet 2 C Crematic	NON		206.	PLACE OF DI	SPOSITION	Nume of ce	тепу от	mattey or		20c. LO	CATION - C	ity or Town,	State
	4 Donution 5 Other		nove from State	/ M	aryla									aryland
	21. SIGNATURE OF JOHESM	AL SERVICE LI	CENSEE //		2	. 2	2. NAME A	ND ADDRE	ISS OF FA	ситу Le	e Fu	neral	Home	, Inc.
	· Chen	ere	114	-								2	0735	on, Md
	23. PART L Enter the d	liseases, or	complications the	at caused	the death.	Do not ent	er the mo	ode of dy	ing, suc	h as cardiac	or reep	iratory arre	et,	Approximate
	IMMEDIATE CAUSE (FI		200	oso on eac	CH HING.	1	0		0					Onset and Death
	disease or condition	→	· Low	n	una	real	200	we	X					
	13.000		Cohe to	ON NE A	CONSEQUEN	GE OF)	N	0		1				
z	Commentally that accept		· - / < e	2	uho	ME	10	بلار	~	، لِك			_	
E	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS & CONSEQUENCE OF):									16.70				
CERTIFICATION	CAUSE (Disease or Inju		· Ju	Ad	am	~~!	40	~	a	Open	m /	200	~~	
#	that initiated events resulting in death) LAS	т.	DUE	(OR AS A C	CONSEQUEN	CE OF):	V							
5	resource and are		d				-					_		
AL.	PART II. Other significa	ant condition	ns contributing to	death bu	it not result	ing in the	underlyin	g cause	given in	Part I. 24		AUTOPEY		THE AUTOPEY FINORIGIL
2										1.	PERFOR	/	00	ALABLE PRIOR TO REPLETION OF CAUSE
											CJ 188 2	LIMO	100	DEATH!
2										_			100	YES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF I	DEATH (C)	teck only area				
PHYSICIAN: MEDIC	EXAMINER?		HOSPITAL:	CT emmonio	etions a CLO	OTH	ER:			Protest Control of Control	anan i			
H	27. MANNER OF DEATH		26a. DATE O			TIME OF	-	JURY AT	residence	8 Chier (S		HUMBY OCC	uerp.	
	1 Netural 8 🗆	Pending	(Month, i	Day Mort	1	INTURY.	W	YES 2	T) NO				NOTICE OF THE PARTY OF THE PART	
B	Accident	Investigation	26s. PLACE (OF INJURY -	- At home, 6	erm, atreat, f	_		1440	281 LOCATE	DN climer	and Multiber	or Sund Book	n Mumber
ED	3 Suicide 6 Could not be determined 25e. PLACE OF BLURY — At bothe, form, structured building, etc. (Specify)					ATTION SHIP OF T	and the control				lown. Stuin	Citreet and Number or Fund Poute Number L. State)		
9	29a, CERTIFIER . Eldown								_		_		_	
MP	(Check any Decem	V Land Control	HCIAN: To the best o											
COMPLETED	- 0		ER: On the basis of	examination .	and/or imvest	igation, in re	y opinton,	OMMIX GODY	arest at the	sime, data en	o prace, as	st due to the	cause(s) ac	or menner as stated,
BE	296. SIGNATURE AND TITLE	E OF CERTIFIE	"	h-	- ^ ^ ^	7 1	0.0	29E LIC	ENSE HU	MOEN	P	29d. DATE	SIGNED IN	units Day, Year)
10	Y	519	NON		- VV	11	, y,	D	50	600	1	P /	11.3	5 190
-	30. NAME AND ADDRESS D				TH OTEM 27)		n 10)	1	11	account to	CA	202	50603
- 1		- KO	Rox	- 1	2.00	BL	MAG	~	~	100	DOE	NA 10	ch .	- 400 S

32. RECHSTRAR'S SIGNATURE Lie Devidion-Randelle

JAN 19 '90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Mic MARY ELIZ.				ICATE OF		REC			
THE DUTE		KEGG				2. DATE OF DE MONTH JANUA	ATH RY DAY 13,1	9 5 6°	3. TIME OF DEATH 7:30 A
4. SOCIAL SECURITY NUMBER 215448120	1[M 2X F	80 yrs. (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 1) 11-25	1909	8. BIRTH Countr	PLACE (State or Foreign MD
9a. FACILITY NAME (If not institu	ART HOS			96. CITY, TOWN C	rland	EATH		EGAN	eath Y COUNTY
RESIDENCE OF DECEM- 10e. STATE 10 MD	b. COUNTY Allega	anv	10c. CIT	v, town on Local					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 806 Colum				101	21502		10g. Cr	TIZEN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 X Never Married 2 Mei 3 Widowed 4 Divorces	rried 12.	WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 24 NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexics 2 X NO Specif	NIC ORIGIN? (Specin, Puerto Rican, e		14. RACE	— American Indian, t, White, etc.
(Specify only hig	ENT'S EDUCATIO	oleted)	18a. DECEOENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION OF THE PROPERTY OF THE PROPER	ON at of working	16b. KIND	OF BUSINESS/IN	IDUSTRY	
Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle		ollege (1-4 or 5+)	1	stered n	urse		spital/	FBI	·
William E. Kegg						ME (First, Middle, I Josephi		an	Test 1
J. Suter Kegg Margaret M. K	Print)			ADDRESS (Street o	nd Number or Rural D 21502	Route Number, City	or Town, State, Z	ip Code)	
20 METHOD OF DISPOSITION 1 Burlel 2 Cremation	3 🗆 Removal	from State	20b. PLACE OF OISPOS other place)	SITION (Name of cer	metery, crematory or	2	Cumber		
SS Peter Paul Cemetery Cumberland, 1. HICHARDS OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home, 108 Virginia Avenue, Cumberland,									
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	te	Soft V Preu	S A CONSEQUENCE OF	7):	Faile	ine			10 day
OLEGANIS TO MAKE SOLICE						YES 2 1 40	ORMED? AMAILABLE PRIOR TO		
A -	312		\						
Ostoporo 25. WAS CASE REFERRED TO M	IEOICAL	DO TAL			LACE OF OEATH (C/	eck only one)			
25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 (1) NO	EOICAL HC	OSPITAL:		OTHER: 4 - Nursing Hon	ne 5 🗆 Residence	a Other (Spec	-	COURS	
25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Histural 5 Per 2 Accident	HEOICAL HC	Propetient 2 - ER/o 28e. DATE OF INJU (Month, Day, Ye	RY 28b. TIM	OTHER: 4 Nursing Hon E OF URY M 1	ne 5 Residence	8 - Other (Spec 284. DESCRIBE	HOW INJURY O		1 YES 2 NO
25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 THO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident Inversion 3 Suicide 6 Cou	HC 1 []	Propetient 2 - ER/o 28e. DATE OF INJU (Month, Day, Ye	RY 28b. TIM INJ	OTHER: 4 Nursing Hon E OF URY M 1	ne 5 Residence	8 - Other (Spec 284. DESCRIBE	HOW INJURY O		1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident Inve 3 Suicide 6 Co. 4 Homicide 6 Co. 4 Check only 1 CERTIFY	HEOICAL HC 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28e. DATE OF INJU (Month, Day, Ye 28e. PLACE OF INJ building, etc. (RY 28b. TIM INJ	OTHER: 4 Nursing Hon E OF	IURY AT PES 2 NO	a Other (Special Control City or Town	HOW INJURY Of (Street and Numb), State)	er or Rural I	1 VES 2 NO

ì	1. DECEDENT
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200	4. SOCIAL SE
ı	223-
ì	
в	On FACILITY

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, L									IME OF DEATH	
ALINE	E.	K	NIGHT	TEN		MONT	H DA		EAR	3:00 A M
4. SOCIAL SECURITY NUMBER 223-14-9841	5. SEX			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH th, Day, Year) 3-27-		Country)	E (State or Foreign
Se. FACILITY NAME (If not institution, g	ive street and number)		9	b. CITY, TOWN	OR LOCATION OF D			9c. COUNTY		_
16035 Riff1	eford Ro	pad		Gait	hersbur	g		Mon	tgom	ery
RESIDENCE OF DECEDENT			40. 0079	TOWN OR LOCA	TIAN				Las	
MH.2.09	ontgome:	~ 7.7		ither						INSIDE CITY LIMITS?
100. STREET AND NUMBER	onegomen	. У		1 4	f. ZIP CODE			10g. CITIZEI		YES 2 NO
16035 Riffle	ford Ro	a d			20879					States
11. MARITAL STATUS	12. WAS DECE	ENT EVER IN U	S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGII	N? (Specify Yes		BACE - A	merican Indian
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	1 TYES 2 E WAR OR DATE:	. ₽NO	If yes, s	cocify Cuban, Maxica 2 No Specif	an, Puerto			Black, Wh	White
15. DECEDENT'S	EDUCATION	16	. DECEDENT'S US	SUAL OCCUPATI	ON	168	b, KIND OF BUS	INESS/INDUS		,,,,,
(Specify only highest (Elementary/Secondary (0-12)	grade completed) College (1-4 o	5+)	(Give kind of wor life. Do NOT use i	k done during m retired.)	ost of working					
8		* /	Ass	emblei	•		Elect	ronic	s Fi	rm
17. FATHER'S NAME (First, Middle, Last	•				18. MOTHER'S NA					
Andrew J. Kr	nighting				Elli	e Re	ee Kni	ghtir	ng	
190. INFORMANT'S NAME (Typo/Print) James Hoover			196. MAILING AI 517	Linc	end Number or Rural oln Str	Route Num eet	nber, City or Town	ille	, Md	. 20850
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 4 Distriction 6 Other (Specify)	Removal from State	oti	ner place)		metery, crematory or			CATION — CH		State
21. SIGNATURE OF FUNDIAL SERVICE	EAIGENSEE	— IPar	klawn		ND ADDRESS OF FA	CILITY		Ckvi.		Home
· Hall	Hagan			10	East Dithersb	eer	Park	Drive	3	877
23. PART I. Enter the diseases,	or complications	that caused th	e deeth. Do not							Approximate
shock, or heart faile IMMEDIATE CAUSE (Final	ure. List Dnly one								İ	Interval Between Onset and Death
disease or condition resulting in death)		Ca	r diac	- a	rrst	p m	ia.			
resulting in causily	DUE	TO (OR AS A CO	NSEQUENCE OF):							
Sequentielly list conditions,	ь	Coro	Mary	7	arteri	050	c/000	\$15		
if any, leading to immediate	DUE	TO (OR AS A CO	NSEQUENCE OF):						ł	
cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE	70 (OB 45 4 00	NSEQUENCE OF):							
that initiated events resulting in death) LAST	502	10 (0H AS A CC	INSECUENCE OF):						i	
	d									
PART II. Other algnificant cond	Itiona contributing	to death but	not reaulting in	the underlyle	ng cause given in	Part I.	24a, WAS AN PERFOR			RE AUTOPSY FINDINGS
							1 TYES 2		CON	MPLETION OF CAUSE DEATH?
									1	YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL				LACE OF DEATH (C	heck only o	one)			
1 YES 2 - NO		2 - ER/Outpatie		OTHER: Nursing Ho	me 6, Residence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigat	(Mont	OF INJURY h, Day, Year)	20b, TIME	RY W	JURY AT ORK? YES 2 NO	26d. DE	SCRIBE HOW I	NJURY OCCUI	RED	(2)
2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Number,			
4 Homicide determine		ing, area (opeciny)				City	y or lown, State)			
(Girison Giris)	HYSICIAN: To the bea									
2/3, MEDICAL EXA	MINER: On the beels	A BARRISHEEFON BE	wor mive migation,	πι πι opinion,			u and place, an			
29b. SIGNATURE AND TITLE OF CERT	O Que	_	~		29c. LICENSE NU		4		SIGNED (MOI	nith, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED	AUSE OF DEATH								nol.
1 MAGG	aube	~ <	3218	دور دی د	ONSIN	5	ve	Be	the.	solo
31. DATE FILED (Month, Day, Year)	32. REGIS	TRAR'S SIGNATE								
JAN 18'9	30 8	retia Davido	bor-Randa	00						

Lucia Savidson Rondoll

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-traum be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If hem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ENTIFIC	AIE	T DEA	I II		REG. NO.			
1. DECEOENT'S NAME (First, Middle, Last Elsie	Doroth	nea	Knab	23			2. DATE OF MONTH Jan.	20, 1	990	EAR	2:11 P
4. SOCIAL SECURITY NUMBER	8. SEX 6	. AGE (In yrs. la	st birthday)	F UNDER 1 YEA	R IF UNDER	24 HRS.	7. DATE OF		8.	BIRTHPL	ACE (State or Foreign
110-28- 3919	1 🗆 M 2 🔀 F	84		ONTHS DAY	8 HOURS	MIN.	Jan.	6, 19		Country)	York
9a. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TOV	N OR LOCATI	ON OF DE	ATH	8	c. COUNTY	OF DEAT	н
Shady Grove I		lospita	1	Rocky	ville			1	Montg	omei	У
10s. STATE 10b. COUN	TY		10c. CITY.	OWN OR LO	CATION					10	d. INSIDE CITY
	ster				ville					×	LIMITS? YES 2 NO
10e. STREET AND NUMBER 55 Warren Str	reet				10f. ZIP COD				Og. CITIZEN Unite		tates
11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 FYES, GIVE WAR	YES 2		If yes	DECENDENT (, apocify Cube YES 2X NO	en, Mexicer	, Puarto Rici	Specify Yea or an, atc.)	No- 14.		American Indian, thits, etc. White
15. DECEDENT'S ED	UCATION	16a D	ECEDENT'S US	HAL OCCUR	ATION		185 (0	IND OF BUSIN	ESS/INDHS	TDV	
(Specify only highest grade (0-12)		Site.	Sive kind of wor B. Do NOT use of Secreta	k done during etired.)	most of worki	İnq		counti			
17. FATHER'S NAME (First, Middle, Last)			CCICC		18. MOT	HER'S NAI	ME (First, Mid	dle, Malden Su	mame)		
August	Ullstro							ohnson			
19a. INFORMANT'S NAME (Type/Print)		11	b. MAILING A	DORESS (Stre	et and Numbe	r or Rural R	loute Number,	City or Town, S	State, Zip Co	de)	
Dr. Douglas Knah)						Potoma	ac, Ma			
20a. METHOO OF OISPOSITION 1 A Burlel 2 Cremation 3 Re 4 Donation 8 Other (Specify)	moval from Stata	Mt.	of DISPOSIT	ON (Name of	cometery, cres	matory or			rion — chy eth,		
21. SIGNATURE OF FUNCIAL SERVICE L		M00092						BERT A			Y FUNERA
11 11/3	nallin	MUUU92	•								ND 20814
immediate cause (Finel disease or condition resulting in death)	a. DUE TO (C	DR AS A CONSE		MONI	A						DAYS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	С	OR AS A CONSE									
that initiated events resulting in daeth) LAST	d		,								
PART II. Other significent condition	one contributing to d	eath but not	regulting in	the under	vina cause	given in	Part I 2	4e. WAS AN AU	money	245 W	ERE AUTOPSY FINDING
		IC REA			ymg oudoo	9.001111		PERFORMI	ED?	C	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
25. WAS CASE REFERRED TO MEDICAL					. B. 105 OF 1	DE 4711 401					
EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient		THER:	Home 5 R			Specify)			
27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day		28b. TIME	OF 28c	INJURY AT WORK?			RIBE HOW INJ	URY OCCUP	RED	
2 Accident investigation 3 Suicide 8 Could not b 4 Homicide determined	28e, PLACE OF	INJURY — At h	ome, farm, str	eet, factory,	office		28f. LOCAT City or	ION (Street and Town, State)	Number or	Rural Rou	te Number,
(Oriect Drift)	SICIAN: To the best of m										nd menner as stated.
29b. SIONATURE AND TITLE OF CERTIF	Der Here	Cm	D.			ENSE NUN		2			Jonth, Day, Year)
13a	- Neer										
30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE	OF DEATH (IT	EM 27) (Type, F		DALVS	with	SAFE	s.Mr			
30. NAME AND ADDRESS OF PERSON V		OF DEATH (IT			DMVE-	wh	SAPON	OMB			

should

he h	detac	
6	pg	
ISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the IN	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detac	
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age 6	directo	
feath. F	funeral	
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that	Q P	a f
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至	een	o o
e law	has b	Dept
N: Th	ficate	State
CIA	ine	the
PHYS	this c	with
DING	After	death
TEN	TOR:	after
A A	REC	2
0	0	N
SPITAL	NERAL	hin 72 hours after death with the State Deot. of Health and Mental Hydiene prior to burial. Cremation, or removal.

PHYSICIAN:

BY

4 🔲 Homicide

29b. SIGNATURE AND TITLE OF CERTIFIER

COMPLETED

BE 2

90 03478 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 3. TIME OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) HELEN ELIZABETH KINNECOM JANUARY 15 1990 7:00 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 TyF DEC 10 1914 KENTUCKY 036-20-3849 75 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. CDUNTY OF DEATH DIRECTOR NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOMERY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY **OF COLUMBIA** DISTRICT 1 X YES 2 NO FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6200 OREGON AVENUE, NW 20015 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2
IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried Specify: BY 3 X Widowed 4 Divorced 1945-1965 WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) REGISTERED NURSE HEALTH CARE 4 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) MILDRED MCCRACKEN DAVID POOLE TAGGART BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 RT 3, P.O. BOX 233, GREENVILLE, KENTUCKY 42345 JANE T. DRAKE 20b. PLACE OF DISPOSITION (Name of competent, competent) or other place) Uniformed Services
University of the Health Sciences Bethesda, MD 20a. METHOD OF DISPOSITION Buriel 2 Cremetion 3 Removal from State 4 № Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Capitol FuneralService 11 Falls Church, VA uca 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete shock, or heart feliure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition PNEUMONIA resulting in death) DUE TO (DR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initisted events reaulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 VES 2 XO OF DEATH? 1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 □Minpatient 2 □ ER/Outpatient 3 □ DOA 1 - YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE DF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF 5 Pending Investigation 1 X Natural 1 YES 2 ND 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be

29e. CERTIFIER

(Chack only

1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) end manner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated.

29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

R. W. MCMAHON, LCDR, MC, USNR 31. DATE FILED (Month, Day, Year)

NATIONAL NAVAL MEDICAL CENTER BETHESDA, MD 20814-5000 \8 18

32. REGISTRAR'S SIGNATURE

90

GNL

29d, DATE SIGNED (Month, Day, Year)

1. DECEDENT'S NAME (First, Middle, Last)	Clyde		ICATE OF King		2. DATE OF DEATH MONTH	DAY 20	YEAR 90	3. TIME OF DEATH	A
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 7,19		6. BIRTH	PLACE (State or For	ina
Fallston General :			96. CITY, TOWN	OR LOCATION OF DE STON	ATH		e. county of DEATH Harford		
100. STATE 10b. COUNTY Maryland Harf	ford		10c. CITY, TOWN OR LOCATION Joppa					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER 506 Philadelphia			10	21085		10g. CIT		HAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER FORCES? 1 YES IF YES, GIVE WAR OR (2 & NO	If yes, or	CENDENT OF HISPAN pecify Cuban, Mexicer 8 2 X NO Specify	n, Puarto Rican, etc.)	Yee or No	Black	American India, White, etc. Y: 1te	n,
15. DECEDENT'S EDUCA' (Specify only highest grade co	TION empleted) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of life. Do NOT us Techni	usual occupati work done during me se retired.)	ON ost of working	Aircraf		DUSTRY		
17. FATHER'S NAME (First, Middle, Lest) James Monroe	King			18. MOTHER'S NAI Martha	ME (First, Middle, Meid Jane	en Surname) McInt	osh		
190. INFORMANT'S NAME (Type/Print) Frances A. King		2.17 1 1 1 1 1 1 1 1 1 1		and Number or Rural Fo					
20e. METHOD OF DISPOSITION	1.00	b. PLACE OF DISPO							
1 Strain 2 Cremation 3 K Remove 4 Donation 6 Other (Specify)	nal from State	ing Fami	ly Cemet		Bur	nsvil		wn, State Worth Ca	rol
23. PART I. Enter the disease, or conshort Fluid Cause of the Cause of	NSEE M. C. D. W. C. M.	cing Fami	22. NAME A HOWARD 1317 not enter the me	COKOSburods of dying, such	Bur mas III I y Poad, 7	rnsvil Funera Abingd spiratory ar	le, 1 1 Hor on Mo	North Ca	ite itween
23. PART I. Enter the disease, or conshort Function 1. Enter the disease, or conshort Function Function 1. Enter the disease or conshock, or heert fellure. Limited the constant function for the constant function for the constant function for the constant function for the constant function for the constant function function for the constant function function for the constant function for the constant function function function function for the constant function functi	METAST DUE TO (OR AS	cing Fami	22. NAME A HOWARD 1317 not enter the me	COKOSburods of dying, such	Bur mas III I y Poad, 7	rnsvil Funera Abingd spiratory ar	le, 1 1 Hor on Mo	Morth Came, P.A. 3. 21009 Approximating interval Be	ite itween
1 Sepurial 2 Cremetion 3 K Removie 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSESSES, OF COMPANY CONTRACT CONTRAC	METAST DUE TO (OR AS	ed the deeth. Do deeth line. ATIC SA CONSEQUENCE O	22. NAME A HOWARD 1317 not enter the mo	DUS CEL	Burroutry mas III I sv Poad 7 f as cerdiac or re C CARCIV INC Pert I. 24a. WAS PERI	rnsvil Funera Abingd spiratory ar	le, 1 1 Horon, Morest,	Morth Came, P.A. 3. 21009 Approximating interval Be	or the state of th
23. PART I. Enter the disease, or conshock, or heert fellure. Listing in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) PART II. Other significant conditions PART II. Other significant conditions EXAMINER?	METAST DUE TO (OR AS OUE TO (OR AS CONTRIBUTION OF AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	od the deeth. Do esch line. ATIC SA CONSEQUENCE OF A CON	1y Cemet 22. NAME A HOWARD 1317 not enter the me CQUA M FF): In the underlyle SEASE	IND ADDRESS OF FACE IND ADDRESS OF FACE IND ADDRESS OF FACE Cokesbur OUS CEU OF LU OF LU PLACE OF OEATH (Che	Burroutry mas III I y Poad 7 res cerdiac or re C CARCIN //VC/ Part I. 24a. WAS PERI 1 YES	rnsvil Funera Abingd spiratory ar WOW AN AUTOPSY FORMED?	le, 1 1 Horon, Morest,	Were Autopsy Fill Almia Ble Pion of Completi	IDINGS TO AUSE
1 Sepural 2 Cremetion 3 K Removie 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENTIAL SERVICE LICEN	mplications that cause on one of the contributing to death	other piece) ing Fami od the deeth. Do each line. A CONSEQUENCE Of A CONSEQUENCE Of but not resulting	22. NAME A HOWARD 1317 not enter the me A VA M F): in the underlyin SEASE OTHER: 4 Nursing Hor W UNTY W	IND ADDRESS OF FACE IND ADDRESS OF FACE IND ADDRESS OF FACE IND COLOR COLOR	Burroutry mas III I y Poad 7 res cerdiac or re C CARCIN //VC/ Part I. 24a. WAS PERI 1 YES	ensvil Funera Abingd spiratory ar WOW AN AUTOPSY FORMED?	le, il Horon, Morest,	Were Autopsy Fill Almia Ble Pion of Completi	or the state of th
23. PART I. Enter the disease, or conshock, or heert fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) PART II. Other significant conditions PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES	METAST DUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS)	ing Fami d the deeth. Do each line. ATIC SA CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONSEQUENCE	22. NAME A HOWARD 1317 not enter the me A VA M F): In the underlyin F): OTHER: 4 Nursing Hor AE OF JURY M 1	ND ADDRESS OF FACE I. K. McCol Cokesbur OUS CEL OF LU Ing cause given in PLACE OF DEATH (Chr. The 5 Residence UURY AT ORK? YES 2 NO	Burrollity mas III I y Poad 7 fas cerdiac or re L CARCIN //VC/ Part I. 24a. WAS PERI 1 YES pck only one) 6 Other (Specify)	Ensvil Funera Abingd appratory ar WOW AN AUTOPSY FORMED? 2 2 3 70 W INJURY OC WINJURY	le, il Horon, Morest,	Were Autopsy Fin Amailable Prior of Death?	IDINGS TO AUSE
1 Sepurial 2	mplications that cause on our cause on our to our to our as our to our as our to our to our as our to our t	ing Fami d the deeth. Do each line. A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A	22. NAME A HOWARD 1317 not enter the me 24. NAME A HOWARD 1317 not enter the me 25. P 26. P OTHER: 4 Nursing Hor AE OF 26c. IN JURY M 1 street, factory, offined at the time, dat	IND ADDRESS OF FACE IND ADDRESS OF FACE IND ADDRESS OF FACE IND COLOR OF LU	Part I. 24a. WAS PERI 1 YES POSCHOP YOUR PERIOD OF THE PE	AN AUTOPSY COMMENTS 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	le, 1 1 Horon, Morest, 24b.	Worth Ca Me, P.A. 3. 21009 Approximatinterval Be Onset and VEAT WERE AUTOPSY FIT AMPLIABLE PRIOR COMPLETION OF COMPLETION OF DEATH! 1 YES 2 N	Death Death TOMAS TO TO TO TO TO TO TO TO TO T

32. REGISTRAS & SIGNATURE

Sina Davidson-Randase

Juna Davidson-Randase

JM 22'90

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMONE	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within seconds after death. Page 6 ma	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p te filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burdal, cremation, or removal.	IMPORTANT: If Iem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must
	DR AT	DIRECTION A	tem 2
	A	A P	-
	OSPI	JNE	MI
	E H	E FL	FITA
	E	THE	PD
	2	2 %	2

	FOR 1 • STATE REGISTRAR	STATE OF MAR		PARTMENT OF			YGIENE EG. NO.			
		Kit	AShi	MA		2. DATE OF D	18 DAY	190	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 523-30-4531	5. SEX 6. A	GE (In yrs. lest birtho	MONTHS DAY		7. DATE OF BI (Month, Day, NOV .	IRTH	Country	ACE (State or Foreign Lorado	
DIRECTOR	PLESIDENCE OF DECEDENT 108. STATE 108. COUNTY			96 CITY, TOWN OR LOCATION OF DE			EATH, 9c COUNTY		OF DEATH VAO MORV VIOL. INSIDE CITY LIMITS?	
	10e. STREET AND HUMBER	ntgomery		Olney	101. ZIP CODE		10g. CIT		X YES 2 No	
BY FUNERAL	4004 Mt. Olney Lo	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIYE WAR O	ES 2 XNO	It yes	20832 DECEMBENT OF HISPA Specify Cuban, Maxic YES 2 XNO Speci	en, Puerto Ricen,	ecify Yea or Ho-	Black, V	American Indian, white, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 - 1 2	Cation completed) Coffege (1-4 or 5+) 4 years	(Give kind	ort's USUAL OCCUP of work done during of use retired.)	most of working		of Business/inf	DUSTRY		
BE CON		Kitashima			Ye	to Fuku				
TO	Betty Kitashima		19b. MAII		olney La				332	
	20a. METHOD OF DISPOSITION 1 Burlel 2X Cremetion 3 4 Donation	Mai from State	20b. PLACE OF DIS Metropol	itan Cre			Alexano			
	//////////	Jame.	h		es/Rinald			ring,	Md. 20904	
	23. Poly Viller the discussor of space, or heart things. IMMEDIATE CAUSE (File) disease or condition resulting in death)	complications that certain only one cause of SABCA	t and	Cardiac	mode of dying, such	ch se cerdiec			Approximate interval Between Onset and Death 4 - WS	
5	Sequentially list conditions,	now hags				unknour				
CEMILLICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							2.5 month		
MEDICAL CE	PART II. Other algnificant condition	s contributing to dea	th but not result	ing in the underl	ying cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	CO	ERE AUTOPSY FINDINGS ARLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 28. DATE OF									
ED BY	Meture 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined City or Rown, State) City or Rown, State) Main VES 2 HO 286. PLACE OF INJURY — At home, farm, street, factory, office City or Rown, State) City or Rown, City or Rown, City or Rown, City or Rown, City or Rown, City or Rown, City or Rown, City or Rown, City or Rown, City or Rown,							te Number,		
COMPLE	onel	CIAH: To the best of my in R: On the basis of axamir							nd manner as stated.	
ש	296. SIGNATURE AND TITLE OF CERTIFIED	Silver.	an		29c, LICENSE HU	MBER 6	29d. DAT	TE SIGHED (M	forth, Day, Year)	
2	Bruce A. Si	O COMPLETED CAUSE OF	1001	(No. Print)	1. MW	and	DC.	1001	0	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S		nda 00						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.4 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mantal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEI	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, La	ist)				2. DATE OF	DEATH		3. TIME OF DEATN	
Victor Albert	t Kieffer				Janua	ry 20.	1990	9:30 7	A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE			F UNDER 24 HRS.	7. DATE OF (Month, D	BIRTN	8. BIRT	INPLACE (State or Foreig	מון
301-32-8572	1X M 2 D F 51	YRS.	NTHS DAYS H	OURS MIN.		10,19	3.9 Cour	Ohio	
9a. FACILITY NAME (If not institution, gi		96	. CITY, TOWN OR	LOCATION OF DI			COUNTY OF		
8719 Ridge Road	ā.		Bethes	da		_	Montgo	omeru	
RESIDENCE OF DECEDENT							Montge		
10s. STATE 10b. COL	INTY	10c. CITY, TO	OWN OR LOCATION	N				10d. INSIDE CITY	
Maryland	Montgomery			hesda				1 - YES 2 X NO)
10e. STREET AND NUMBER			10f. Z	P CODE		10	g. CITIZEN OF	WHAT COUNTRY?	
8719 Ridge Ro				208.	17		Unit	ed States	
11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 X YES		13. WAS DECEN	DENT OF HISPAI	NIC ORIGIN?	Specify Yea or h	lo- 14. RAI	CE — American Indian, ck. White, etc.	
Never Married 2XX Married Wildowed 4 Divorced	IF YES, GIVE WAR OR D			NO Specif		m, ett.)		icity:	
								White	
15. DECEDENT'S I (Specify only highest go	EDUCATION rade completed)	16a. DECEDENT'S USL (Give kind of work	done during most i	of working	16b. K	ND OF BUSINE	BS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 8+)	ille. Do NOT use re	etired.)						
	4	Bio	ologist			Re	search		
17. FATHER'S NAME (First, Middle, Last)			1	8. MOTHER'S NA	ME (First, Mid	dle, Maiden Sum	ame)		
Marce	l Kieffer			G	ertrud	e Krom	er		
19e. INFORMANT'S NAME (Type/Print)		196. MAILING AD	DRESS (Street and	Number or Rural	Route Number,	City or Town, St	ete, Zip Code)		
Margar	et A. Kieffer	8719 R	idge Roa	d Beth	esda.M	arvlan	1 2081	7	
200. METHOD OF DISPOSITION	200	. PLACE OF DISPOSITION			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	ON — City or		
1 Å Buriel 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify) _	lemovel from State	other place) Gate of 1	Heaven (ameter	.,	Si 1 vo	r Snri	ng,Marylar	5.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Juce of 1	22. NAME AND	ADDRESS OF FA	CILITY	IDITAC.	- Spii	ing, mar yrai	IU
· lo T	N 1.		Robert	A. Pum	chas	Funera	l Home	/ Wisconsir	2
23. PART I. Enter the diseases,	Seplant	M00335	Avenue	Bethes	la, Ma	rýland	20814	WISCONSII	1
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Hanging DUE TO (OR AS A	A CONSEQUENCE OF):						Onset and D	eeti
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS /	A CONSEQUENCE OF):							
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	A CONSEQUENCE OF):				4			
PART II. Other significant condi	tions contributing to death b	out not resulting in t	the underlying o	cause given in		In. WAS AN AUT PERFORMED	77	No. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAU	
					— l'	☐ YES 2 X		OF DEATH?	
								1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICA									
EXAMINER?	HOSPITAL:		THER:	E OF DEATH (C)					_
1 X YES 2 NO	1 inpetient 2 ER/Out	patient 3 DOA 4	☐ Nursing Home						
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WORK	Y AT	28d. DESCR	HBE HOW INJU			
1 Natural 5 Pending 2 Accident Investigati	1-20-90	9:00a		3 2 ½ NO	SUBJ.	ECT HAI	NGED SI	ELF	
3 Nomicide 8 Could not determine	building, etc. (Soe	7 — At home, ferm, streedly)	et, factory, office		BETHE	ON (Street and I Town, State) 8 SDA , MA	RYLANI	GE ROAD	
and the same of th	HYSICIAN: To the best of my know MINER: On the basis of examination							e(a) and manner as state	ed.
296. SIGNATURE AND TITLE OF CERT	IFIER		2	9c. LICENSE NU	MBER	29	d. DATE SIGNE	ED (Month, Day, Year)	
Dolo	0. 10	L		D08546			Janua	ry 20, 19	ar
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)	200340			Janua	LY 20, 19	20
John F. Tauber,		isconsin A		Bethesd	a, Mar	yland	20814		
JAN > 7 'o	10 Suria Da	vidson-Randa	00 .						
	0	- More and rathers	NAME OF TAXABLE PARTY.						

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG NO.
	1. DECEDENT'S NAME (First, Middle, Last)	E KENNEMY	2. DATE OF DEATH DAY

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN									TIME OF DEATH				
	EDWARD E KENNEDY									MONTH DAY YEAR 3. 10 A M				
	4. SOCIAL SECURITY NUMBER 5. SEX 5. /			5. AGE (In yrs. le		IF UNDER 1	YEAR	IF UNDER		7. DATE OF BIRTH				
	578 28 092	18 28 0928 XX M 2 □ F 95			YRS.	MONTHS	DAYS	HOURS	MIN.	April April	12.1	894	LOW(ι
	9e. FACILITY NAME (If not in	nstitution, give st	eet and number)			9b. CITY,	TOWN (OR LOCATI	ON OF DE				NTY OF DE	ATN
E I	Washington	Adven	tist Hosp	sital			Tak	oma	Park			Mor	rtgome	eru
5	RESIDENCE OF DEC													
DIRECTOR	10a. STATE	10b. COUNTY			10c. CITY	TOWN OF							1	Od. INSIDE CITY LIMITS?
0	Maryland		ce George	25		La	ure							YES 2 NO
RA	10e. STREET AND NUMBER		,				101	. ZIP COD	=			-		AT COUNTRY?
FUNERAL	213 Patuxe	ni koad							707				ISA	
	11. MARITAL STATUS 1 Never Merried 2	Merried	12. WAS DECEOEN FORCES? 1	YES 2XX		11	yes, sp	ecity Cube	in, Mexice	IIC ORIGIN? (Sp n, Puerto Rican,	ecify Yes o	or No—	14. RACE - Black,	- Americen Indien, White, etc.
B	3 Widowed 4 Divo		IF YES, GIVE V	AR OR DATES		1	YE9	2X,XNO	Specify	y:			Specify	white
	15, DEC	EDENT'S EDUC	ATION	16e. DI	ECEDENT'S L	JSUAL OC	CUPATIO	ON		16b. KIND	OF BUSI	NESS/INC	DUSTRY	
	(Specify onl	ly highest grade (0-12)	College (1-4 or 5	HA:	live kind of w Do NOT use	ork done du retired.)	uring mo	st of worki	ng) de colo m			1 1 5 3 1
4	Grade 7			Jua	lge								ourt	
COMPLETED	17. FATNER'S NAME (First, M	fiddle, Last)					-	18. MOT	NER'S NA	ME (First, Middle	, Maiden S	umeme)	O M6	iryland
BEC	James Kenn	edy						1	Mary	Ryan				
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural I	Route Number, Cl	ity or Town,	State, Zip	Code)	
임	Mary Schmi	dt			213 P	atux	ent	Road	d, Lo	aurel,	Mary	lano	1 2070	7
	20e. METHOD OF DISPOSIT	TON 3 - Remo	uml from State	20b. PLACE	OF DISPOSI	ITION (Nam	ne of cer	metery, crer	matory or				City or Tow	The second secon
	4 Donation 5 Other		THE HOME OLDER	St. M	arys	Ceme	ter	y			Lau	rel,	Mari	yland
	21. SIGNATURE OF FUNERA	L SERVICE OC	ENSEE	1				ND AOORE						
	Dane	et.	Nan	aldes	en	Do	nal	dson	Fund	eral Ho	me,	Laur	el, 1	ld
	23. PART I. Enter the d	laeasea, or c	omplications the	t caused the d	eath. Do n	ot enter t	he mo	de of dy	ing, suc	h aa cardiac	or reapire	atory en	reat,	Approximate
- 1	ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death													
	disease or condition													
	resulting in death) a													
z	Sequentially list conditions. To. ASPIRATION PNEU MONIA													
윤	If any, leading to immediate													
CERTIFICATION	CAUSE (Disease or Injury C. TAKE DOWN TIEDSTOMY, REAN ASTOMOSIS													
	that initiated events													
5日	a CHONIC WA MALLE													
	PART II. Other algolitics	ant condition	contributing to	deeth but not	reaulting is	n the unc	seriyin	g cause	given in	Part I. 24a.	WAS AN A			WERE AUTOPSY FINDINGS
DICAL	Coro	N (A	LUNON	A						CO VER A TRAIN CO		WAILABLE PRIOR TO COMPLETION OF CAUSE		
	Ben	- ,		1	6-22-1	()				_ ' '	1100 21	LIP-110	1	OF DEATH?
2	ADERC ABDOMINAL ANDILYSM													
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence a Other (Specify)													
PHYSICIAN:	27, MANNER OF DEATH		26a. DATE OF (Month, L		26b. TIME	OF	28c. IN.	JURY AT		26d. DESCRIB		JURY OC	CURED	
84	1 Netural 5 2 Accident	Pending Investigation	(Moran, L	ray, rour,	1400	M		ORK? YES 2 [_ NO					
	e C eutate	Could not be	26e. PLACE C	F INJURY — At h	ome, ferm, s	treet, facto	ry, offic	:0		261. LOCATION	N (Street ar	nd Number	r or Rural Ro	ute Number,
COMPLETED	4 Homicide	4 Homicide determined building, etc. (Specify)												
	29a. CERTIFIER (Check only Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated.													
S .	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.													
- 1	29b. SIGNATURE AND TITE	OF CERTIFIER						29c. LIC	ENSE NUI	MBER	Т	29d, DAT	E SIGNED	Month, Day, Year)
8	(J 260		1				D	22-	155		•	1 , 1	5.90
2	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETEO CAU	SE OF OEATH (ITE	M 27) (Type,	Print)		V	he has	133		-	1	
	CHRISTME	E NE	Lina:	14201	LA	re	. 0	ALK	Ne.	JE #	116	MI	EN	10 2081n
1			32. REGISTR	R'S SIGNATURE	5th -	00			١	71				0 20510
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	urbal Dubramo. After this carriform has been sinead by the otherwises and completely mad in his
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s after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should n with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely lined in by the fube filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR 1 - STATE REGISTRAR	STATE OF MAI				IEALTH AND I	MENTAL HYGIEI REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)	JOHN W.						1/12/	9.Qar	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last b		INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	- /		IPLACE (State or Foreign
212-16-0633	1 💢 M 2 🗆 F	72	YRS. MONT	THS DAYS	HOURS MIN.	4/24/17		MAR	YLAND
9e. FACILITY NAME (it not institution, give a	Control of the contro		9b.	CITY, TOWN C	R LOCATION OF DI	EATH	9c. COU	NTY OF D	EATH
7130 ROLLING BEND	ROAD			WOODL	AWN		BA	LTIM	ORE
RESIDENCE OF DECEDENT 100 STATE MARYLAND 10b. COUNT B	ALTIMORE		10c. CITY, TO	JDĽAWN	TION				10d. INSIDE CITY LIMITS? 1 YES 2 XNO
10e. STREET AND NUMBER				101	. ZIP CODE		10o, CITI	ZEN OF V	VHAT COUNTRY?
7130 ROLLING BEND	ROAD				21207		U.S		
11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ABME YES 2 1 100 OR DATES	ED	13. WAS DEC	ENDENT OF HISPAI ecity Cuben, Mexica 2 XXNO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)		14. RACE	E — American Indien, k, White, atc.
15. DECEDENT'S EDU		16a, DECE	DENT'S USU	AL OCCUPATION	ON	18b. KIND OF BU	JSINESS/IND	USTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give	kind of work o NOT use reti	ione during mo red.)	st of working				
10th		DI	SABLEI	D		N/A			
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maide	n Surneme)		
WILLIAM HJ KALT	ENBACH SR	•			ANNA	M. KAUFI	MANN		
19e. INFORMANT'S NAME (Type/Print)		19b. I	MAILING ADD	RESS (Street e	nd Number or Rural	Route Number, City or To	wn, State, Zip	Code)	
WILLIAM H. KALTEN	BACH JR.	71	30 ROI	LLING	BEND ROA	D WOODLAN	WN, MI	D 21:	207
20a_METHOD OF DISPOSITION 1 LA Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE OF other place HOLY	CROSS	N (Name of cer	netery, crematory or ERY		OCATION —		
29. PART I. Enter the diseases, or abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Witch	nused tha deat on each lina.		LEROY 1630	EDMONDSO	JSSELL C. ON AVENUE,	CATON piratory an	SVIL	NERAL HOME: LE, MD. 212 Approximate Interval Between Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR	AS A CONSEQU	ENCE OF):	0					
PART II. Other significant condition Previou Diabet	a contributing to day	ath but not rea	eulting in th	Be a	g causa given in	Part I. 24a. WAS A PERFC 1 _ YES	N AUTOPSY PRMED? 2 NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Ca3 - 3e		28. PI HER:	ACE OF DEATH (Ch	eck only one)			
1 TYES 2 NO	1 Inpatient 2 EF			-		a Dther (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day,)	(bar)	28b. TIME OF INJURY	M 1 🗆	PRK? YES 2 NO	28d. DESCRIBE HOW		- 455	
3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	IJURY — At home (Specify)	e, farm, street	, factory, offic		281. LOCATION (Street City or Town, Steet	t end Numbei e)	r or Rural i	Route Number,
anal	ICIAN: To the best of my								s) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	o N	7			29c. LICENSE NUI	MBER	29d. DAT	E SIGNED	(Month, Day, Year)

500 N. Rolling

32. REGISTRANIE SIGNATURE

Julia Davidson-Randall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'90

31. DATE FILED (Month, Day, Year)

JAN 1 6

FOR

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STATE REGISTRAR

A SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

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IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS 9b. CITY, TOWN OR LOCATION OF DEATH SIDENCE OF De. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION N. Carolina Richmond Hamlet permit. 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE Bauersfeld Street use as the burial-transit 28345 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 1 Never Merried 2 Married BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 18h. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) be detached for College (1-4 or 5+) **HOusewife** Home COMPL 12 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Colton BE Virginia Cameron page 5 should notified 19a. INFORMANT'S NAME (Typo/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jewell Price 3839 Dustin Rd. Burtonsville, Maryland 20866 9 20a METHOD OF DISPOSITION
1 🖄 Burlat 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or funeral director, must Hamlet, North Carolina Mary Lowe Cemetery 4 Donation 6 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 7601 Sandy Spring Rd. Laurel, Maryland 20707 the the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. een signed by the attending physician and completely filled in by of Health and Mental Hygiene prior to burial, cremation, or remo **IMMEDIATE CAUSE (Finel** disease or condition Cerebraranular acceptant resulting in death) executed within event, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediata cause. Entar UNDERLYING certificate be CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algorificant conditions contributing to death, but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Diabete melletin shows any 1 TYES 2 T NO been PHYSICIAN: the State Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item 2 certificate OTHER:
4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 10 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked. with this INJURY 1 Natural M 1 YES 2 NO BY After death Investigation 2 Accident OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be determined 60 FUNERAL DIRECTOR: 4 🔲 Homicide COMPLET 29a. CERTIFIER

Chank and

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. THE HOSPITAL O THE FUNERAL DI filed within 72 ho TO THE FUNERAL I be filed within 72 h 2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER BE Andew Kundlugers 036716 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANDREW KUNDLAT 8317 CHERRY LANE LAUNEL, MD. 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Your) JAN 30 '90 whia Davidson Randall

160

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

90 03484

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

Caucasian

Interval Batween

Onset and Death

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 | YES 2 | NO

29d. DATE SIGNED (Month, Day, Ybar)

20707

1/29

AVAILABLE PRIOR TO COMPLETION OF CAUSE

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Specific

REG. NO.

والمستكالة المعهية

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, La		OLITIII	CAIL OF	DEATH	REG. N	VO.		
	· ·		C.		2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Walter	н. к	reft		January	25, 1		04351
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. lest birthday) NRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year,		Country	PLACE (State or Foreign
Do. FACILITY NAME (If not institution, gi	ve street end number)		9b. CITY. TOWN	OR LOCATION OF D			INTY OF DE	
Laurelwood Nur	sing Center		Elkto				ecil	
RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c, CITY	TOWN OR LOCA	ATION				10d. INSIDE CITY
	Cecil		Elkton					LIMITS?
IOG. STREET AND NUMBER			1	Of. ZIP CODE		10g. CI	TIZEN OF W	HAT COUNTRY?
50 Alda Drive				21921		U	.S.A.	
I1. MARITAL STATUS I Never Merried 2 🔀 Married B Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 HE YES, GIVE WAR	YES 2 NO	If yes, s		NIC ORIGIN? (Specify en, Puerto Ricen, atc.) fy:		14. RACE Black Specif	- American Indian, , white, atc. y: White
15. DECEDENT'S E		16a. DECEDENT'S	USUAL OCCUPAT	TON	16b. KIND OF	BUSINESS/IN	DUSTRY	
(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during n retired.)	nost of working				
8		Casket	Maker		Caske	t Man	ufact	uring
17. FATHER'S NAME (First, Middle, Leet)				18. MOTHER'S N.	AME (First, Middle, Mel	den Surname)		757
Albert	Kreft			G	ertrude	Fish	burn	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street	and Number or Rural	Floute Number, City or	Town, State, Z	ip Code)	
Mabel A. Kreft		50 A	lda Dri	ve El	kton, MD	219	21	
20a. METHOD OF DISPOSITION Ja 1 X Burlal 2 Cremation 3 R 4 Donation 5 Other (Specify)	an. 29, 1990 Removal from State	20b. PLACE OF DISPOS other place) Northwoo		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		LOCATION -		
21. SIONATURE OF FUNERAL SERVICE	E LICENSEE	4 /		-	for Funer		-	4, 211
· Ralph	E. Hi	eks	Bow	and Sto	ckton Str	eets	P.A.	
	b. OROL.	R AS A CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQUENCE OF	tio scl	unte va	Thurs	er		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		namely And A A A CONSEQUENCE OF THE SERVICE Ath but not resulting i			Part I. 24s. WAS	AN AUTOPS'	7 24b.	WERE AUTOPSY FINDING MAILABLE PRIOR TO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST					Part I. 24s. WAS	AN AUTOPS	7 24b.	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	itions contributing to de		n the underlyl	ing ceuse given li	Part I. 24a. WAS PER 1 YES	AN AUTOPS	7 24b.	COMPLETION DF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the condition of the conditions of the cond	Itions contributing to de	ath but not resulting I	n the underlyi	Ing couse given in	Part I. 24a. WAS PER 1 YE	AN AUTOPS	Y 24b.	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tor		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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letely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nt, t
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIENI	E	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Ruby Iren	ne Kegle	· V			Jan. 28,	1990	
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. Bif	RTHPLACE (State or Formion
246-22-1870	1□M2⊠F 66	YRS.	MONTHS DAYS	HOURS MIN.			NorthCarol
99. FACILITY NAME (If not institution, give so Union Hospita		- 1		OR LOCATION OF DI	EATH	9c. COUNTY OF	
RESIDENCE OF DECEDENT	1 1		EIKU	on,Md.		Ceci	<u> </u>
10a. STATE 10b. COUNT	Υ	10c, CITY	, TOWN OR LOC	ATION			10d. INSIDE CITY
Maryland Ceci	i 1		lkton				LIMITS?
10e. STREET AND NUMBER				of, ZIP COOE		10a CITIZEN O	F WHAT COUNTRY?
313 Willow I	rive			21921		U.S.	
11. MARITAL STATUS	12. WAS DECEDENT EVER	NIIS ADMED	12 WAS DE		NIC ORIGIN? (Specify Yes		ACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yee, s	pecify Cuban, Mexico S 2 NO Specif	in, Puerto Rican, etc.)	В	lack, white, etc.
16. DECEDENT'S EDU	CATION	16a. DECEDENT'S			16b, KIND OF BUS	INESS/INDUSTR	Y
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of w life. Do NOT use	vork done during n e retired.)	nost of working			
5th	Conege (1-4 or 5 +)	Sunor	Tricor		Elktor	Fach	ion
17. FATHER'S NAME (First, Middle, Last)		Super	VISOR	18. MOTHER'S NA	ME (First, Middle, Maiden		1011
Millard F. I)ickinson				Edwards		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Aoute Number, City or Town	State Zin Code	
Trulen D. Kegl	ev Sr.				Elkton,		
20s. METHOD OF DISPOSITION		b. PLACE OF DISPOS				CATION — City of	Town State
1 Burial 2 Cremation 3 Rem	noval from State	elair M					
21. SIGNATURE OF FUNERAL SERVICE LI		CIGII II		AND ADDRESS OF FA	CILITY	air Mo	
· Folward	M. 1810	low	Gee	Funera	1 Home	kton.	Main St.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF	F):	ol Neu	2]		
PART II. Other significant condition	ne contributing to death	but not resulting i	in the underlyi	ng ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINOINGS AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)		
1 U YES 2 DANG	1 Inpetient 2 - ER/Out	petient 3 🗆 DOA		me 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY	VORK? YES 2 NO	26d. DESCRIBE HOW II	NJURY OCCURED)
3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJUR building, etc. (Spe		street, factory, of	ica	281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
(Orack Dray	SICIAN: To the best of my knoviER: On the basis of examinati						se(a) and manner as stated.
V	four hip			PO48		. 8 . 6	NEO (Moreth, Day, Year)
				1 21	121.		
31. DATE FILE (MODEL PRI 190)	32. BEGISTRAR'S SIG Julia David	son-Randell	-				

TO THE HOSPITAL DRATTENDING PHYSICIAN: The Law requires that the death certificate be executed with the fours after death. Page 6 may be retained by the the hosp TO THE FURSEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burilla, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH /	AND MENT	AL HYGIENE
CERTIFICATE OF DEAT	H	REG. NO.

	FOR STATE REGISTRAR	TATE OF MARYLAND /		OF HEALTH AND N	MENTAL HYGIENE REG. NO.				
i	1. DECEDENT'S NAME (First, Middle, Last)	Keefer			2. DATE OF DEATH MONTH DAY	GYEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. S. S. S. S. S. S. S. S. S. S. S. S. S.	AL SECURITY NUMBER 5. SEX 6. AGE (in yrs. le $8-12-8785$ 1 $2 - 12 - 12 = 12 = 12 = 12 = 12 = 12 = 1$			7. DATE OF BIRTH (Month, Day, Year) 08-11-18	(Month, Day, Year) Country)			
TOR	96. FACILITY NAME (If not institution, give street of Baltimore County General Property County General Property County General Property Count			town or location of DE. dallstown	ATH	Baltim			
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY Maryland Carrol		10c. CITY, TOWN OF		5 .		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	106. STREET AND NUMBER 7701 A. Road			10f. ZIP CODE 21784		U.S.	WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 W YES 2 N IF YES, GIVE WAR OR DATES	10 11	AS DECENDENT OF HISPAN yes, specify Cuban, Mexicer YES 2 NO Specify.	, Puerto Rican, etc.)	r No- 14, RAC	E — Americen Indien, ck, White, etc.		
COMPLETED	15. DECEDENT'S EGUCATIC (Specify only highest grade comp. Elementary/Secondary (0-12)	leted) (GF	CEDENT'S USUAL OC ve kind of work done do Do NOT use retired.)	iring most of working	16b. KIND OF BUSIN	NESS/INDUSTRY	WIIICE		
OMP	17. FATHER'S NAME (First, Middle, Last)		Carpente		Const ME (First, Middle, Maiden Su	ruction			
BE	Murile Yohn 190. INFORMANT'S NAME (Type/Print)	l an		Nona (Street and Number or Rural R	Marie Tho				
5	Ada Grace Keefer			oad Sykesvi					
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Removal 1 4 Donetion 5 Other (Specify)	rom State 20b. PLACE other pla	of disposition (Name) Tike View	ce of cometery, cremetory or Cemetery		TION — City or T			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	D Shill	22. N H2	AME AND ADDRESS OF FAC AIGHT FUNE	RAL HOME				
	23. PART I. Enter the diseasea, or comp	olicetions that ceused the deconly one cause on each line.	eth. Do not enter t	kesville. MT he mode of dying, auch	21784 (3) n as cardiac or respira	01) -795 tory arrest,	Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Jung		cev			Interval Between Onset and Death		
NTION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):						
AL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? PERFORMED? 1 YES 2 NO 1 PERFORMED 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATHS								
PHYSICIAN: MEDIC					_		OF DEATH? 1 YES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	Inpatient 2 ER/Outpatient 3 26e. DATE OF INJURY (Month, Day, Year)		ng Home 5 Recidence 2ac. INJURY AT WORK? 1 YES 2 NO	a ☐ Other (Specify) 26d. DE\$CRIBE HOW INJ	JURY OCCURED			
8	Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, tectory, office City or Town, State)								
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, data and place, end due to the cause(e) end menner as stated. EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner es stated.								
TO BE	296. SIGNATUR AND TITLE CENTY	t, MD		29c, LICENSE NUM	77 /1	DATE SIGNE	77/90		
	Steven Bil	et , wo,	125	7 Gber	HARR E	Lows	burg MD		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	on Randell						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I			GIENE G. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)	Kin. 5	C.			2. DATE OF DE		ar 2 3 am M		
	524 649 260	10 F 38	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, // /28	15/ 7	BIRTHPLACE (State or Foreign Country) EXOS, San Anton		
TOR	90. FACILITY NAME (If not institution, give street Post of Contial Consideration Continued to the street of the st	Loods 180	Metzeson		delphie,		9c, COUNTY	OF OEATH		
DIRECTOR	Md . 106. COUNTY	P.G.		r, town or loca Temple				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	3807 Hemlock I			10	1. ZIP CODE 20748	8	1000	S.A.		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS OECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2.A.MO	If yes, sp	CENDENT OF HISPAI Decity Cuben, Mexico B Z. NO Specif	n, Puerto Rican,	etc.)	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED		mpleted) College (1-4 or 8+)	life. Do NOT us	vork done during me e retired.)	ost of working		OF BUSINESS/INDUS	TRY		
	12 17. FATHER'S NAME (First, Middle, Last) Harry Kinikin,	4 sr	Poli	ce Off:	16. MOTHER'S NA	ME (First, Middle,	G. Co. Melden Surname) CKeleW			
TO BE	190. INFORMANT'S NAME (Type/Print) Linda Kinikin						y or Town, State, Zip Co.	de)		
	20s. METHOD OF DISPOSITION **POST	al from Stata	PLACE OF DISPOS	SITION (Name of ce	_		20c. LOCATION — City Suitlar	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	L But	2	663	ND ADDRESS OF FA	lexand	er Ferry	Home, Inc. Road		
	23. PART I. Enter the diseases, or con shock, or heart fellure, Lie IMMEDIATE CAUSE (Finel	mplications that ceused at only one ceuse on e	I the deeth. Do rech line.	ot enter the mo	ode of dying, aud	ch as cerdisc o	r respiratory arrest	Approximate Interval Batween Onset and Death		
	disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	F):				100		
ATION	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events reculting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):						
	PART II. Other algorificant conditions	contributing to deeth b		n the underlyin	g ceuse given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
: MEDICAL	- YVOXIC					_ '0	YES 2 NO	OF DEATH? 1 YES 2 NO		
PHYSICIAN:		IOSPITAL:	estiont 3 DOA	отнея:	LACE OF DEATH (Cr		elly)			
ВУ РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 10-17-86	28b. TIM INJ 2:02	URY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE	E HOW INJURY OCCUR			
0	3 Sulcide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec PARK INC	erry)	street, factory, offic	:0	281. LOCATION City or Town KING HW	/ L L / L 3 IVI /	ARTIN LUTHER ER, PG CO., MD		
COMPLETE		AN: To the best of my know On the beste of examination						ause(a) and menner ee stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER		y don or		9 -	79	1/1	IGNED/(Month, Day, Year)		
	DON HI. YOULON	AULTZ NO	ATH (ITEM 27) (Type,	Green!	leet Ld,	Jeobro	of md	20706		
	JAN 19 '90	32. REGISTRAR'S SIGN	andell							

OHMH-18 Rev 1/89

11:00pm

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTING	MENT OF H	EALTH AND I	MENTAL HYGIE	1//	24-90 11:0
,	1. DECEDENT'S NAME (First, Middle, Last) HARVEY WES		nd 4			2. DATE OF DEATH	24 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-05-4904	1X M 2 □ F	70 YRS. MG	UNDER 1 YEAR HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) JUNE 27,	1919 M	BIRTHPLACE (State or Foreign Country) ARYLAND
TOR	99. FACILITY NAME (If not institution, give s DORCHESTER GENERAL RESIDENCE OF DECEDENT		. 91	CAMBR	DGE	АТН	DORC	HESTER
DIRECTOR	10a. STATE 10b. COUNTY	CHESTER		OWN OR LOCAT URLOCK	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER CABIN CREEK ROAD			101	21643			OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR DO	2 NO	If yes, spe	ENDENT OF NISPAN	IIC ORIGIN? (Specify n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
LETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use in	done during mo etired.)	N at of working		ALE SUP	
E COMPLET	17. FATNER'S NAME (First, Middle, Last) THOMAS KERSCH	1	SELF-EMPL	OYED	18. MOTNER'S NA	ME (First, Middle, Meid		1.11
TO B	19a. INFORMANT'S NAME (Type/Print) HELEN M. KERSCH		RT. 2,	BOX 185	C, HURLO	OCK, MD	21643	
	20e. METHOD OF DISPOSITION 1	S	ALISBURY				LISBURY	or Town, Stata , MARYLAND
	21. SIGNATURE OF FUNCTIAL SERVICE LIN	OSella	le	EAST		KET, MD		
	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a	den	Seath	<u>_</u> . s	udden D	eath	Interval Between Onset and Death
RTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		A CONSEQUENCE OF):	Ather Card	osclero iovascu	tic lar Die	ase	exe Year!
CER	PART II. Other classificant acceptators	d.						
: MEDICAL			ddiet		g cause given in	PERI	AN AUTOPSY FORMED?	24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4	OF 28c. INJ	URY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HO	W INJURY OCCUI	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, etc. (Spe	f — At home, farm, stre		/ES 2 NO	281, LOCATION (Stre City or Town, Str	et and Number or Ite)	Rural Route Number,
COMPLETED	enel	ICIAN: To the best of my know						sause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	H, Aylif	fe Md	M.D.	29c. LICENSE NUI	MBER 7 / 8	29d. DATE S	IGNED Month, Day, Year)
٩	4.8 BYRN	O COMPLETED CAUSE OF DE	0 1	int)	M.	2.		
	31. DATE FILED (Month Pay, Your) 30 '90	32. REGISTRAR'S SIGN		02				

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DIVISION OF VITAL RECORDS, P.O. BOA 13140	HE HOSPITAL OR ATTENDING PHYSICIAN: The Is
/ISION	ATTENDING
	OR
_	HOSPITAL
	4

Ann M. Dixon,

JAN 29 '90

31. OATE FILED (Month, Day, Year)

		FOR	STATE OF MARYLAND /	DEPART	MENT OF	HEALTH AND I	MENTAL H	IYGIENE		,0 00	4 7 0
[1. DECEOENT'S NAME (First, Middle, Lest) Johnna	CE	RTIFIC	CATE O	F DEATH		DEATH DAY		3. YIME OF DEA	ATH
	ı	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. las		Shner	IF UNDER 24 HRS.	7. DATE OF E	26	9	0 1:00P	
pyn		none 9e. FACILITY NAME (if not institution, give st	1 M 2 X F	YRS.	3 20°	HOURS MIN.	Oct.	w. Year)		laryland	oraign
2, 3 sho	TOR	Washington County				or location of or erstown	AIH			ington	
Pages 1.	DIRECTOR	10e. STATE 10b. COUNTY	hington		TOWN OR LO					10d. INSIDE CIT LIMITS?	
sit permit.	- 11	100. STREET AND NUMBER 1084 Virginia A		1100	-	101. ZIP CODE 21740			100	OF WHAT COUNTRY?	
ospital or attending prystician. thed for use as the burial-transit permit. Pages 1, 2, 3 should s.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES		If yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 NO Specify	n, Puerto Rica			RACE — American Inc Black, White, etc. Specify: White	
or attending r use as the	COMPLETED B	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	completed) (G		ISUAL OCCUP/ ork done during retired.)	ITION most of working	16b. KJN	O OF BUS	INESS/INDUST		-
ched for	P.	n/a	Contage (I=4 or 5 +)	n/a		_9			n/a		
	E CO	17. FATHER'S NAME (First, Middle, Lest) Randall	Kershner			16. MOTHER'S NA		wan Marken : y Mar			- 1
1	10 10 10 10 10 10 10 10 10 10 10 10 10 1	190. INFORMANT'S NAME (Type/Print) Mr. Randall Kersh		0. MAILING A	ADDRESS (Stre irgini	et and Number or Flural i a Avenue,	Hager:	City or Town SCOWI	, State, Zip Co. 1, Mary	nland 2174	40
munt b		20e. METHOD OF DISPOSITION 1 ☑ Suriel 2 ☐ Cremation 3 ☐ Remd 4 ☐ Donetion 5 ☐ Other (Specify)	ovel from State Cedar	of disposi Lawn	TION (Name of Memori	cemetery, cremetory or al Park				or Town, State n, Maryla	nd
nours after death. Page bed in by the funeral director, or removal. medical examiner mu		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		ANO AOORESS OF FA				RAL Home	7/0
ours after de the finition of the finition of the finite o	\dashv	23. PART I. Entar the disease, or o	complicatione that caused the de	eath. Do no		E. Wilson					
ion iii		IMMEDIATE CAUSE (Final disease or condition	List only one cause on each line Sude		nfant	Death Syno	drome				Between nd Death
executed writin 24 and completely fille to burial, cremation, matic event, the	_	resulting in death)	DUE TO (OR AS A CONSE			J.					
e be execut sician and o rrior to bun traumatic	RTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	QUENCE OF)):						
death certificate be executed writing attending physician and completely threat Hygiene prior to burial crematiny, or other traumatic event, in	CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF)):						
	EDICAL C	PART II. Other significant condition	e contributing to death but not	resulting in	the underl	lng ceuse given in		a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY AVAILABLE PRIC COMPLETION O	OR TO
w requires that the been signed by to pt. of Health and 3 shows any in	Σ						1/	X YES 2	□ №	DF DEATH?) NO
has be Dept.	AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	eck only one)				
SICIAN: The certificate h the State I	SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient :		OTHER:	fome 5 - Residence	6 Other (S	(pecify)			
NG PHYSICIA fer this certif sath with the marked, or	F	27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY	INJURY AT WORK? YES 2 NO	26d. DEŞCR	IBE HOW I	NJURY OCCUP	EO	
OR ATTENDING DIRECTOR: After hours after death Item 28 Is ma	тер ву	2 Accident 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, st	treet, factory, o	ffice		ON (Street of Town, State)	and Number or	Rural Route Number,	
7 7 7 ~	COMPLET	one)	CIAN: To the best of my knowledge, d							ause(s) end manner e	e stated.
HOSPITAL FUNERAL WITHIN 72 I	- 1	29b. SI PIATURE AND TITLE OF CERTIFIE			.,y opinio	29c. LICENSE NU		prace, 411		IGNEO (Month, Day, Yes	
TO THE FUNERA TO THE FUNERA De filed within 7 IMPORTANT: I	TO BE	May 1	M		D-(-t)	OCME			DATE S	L/27/90	"/
	_	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITE	:m 27) (Type,	rtint)						

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

111 Penn St. 21201

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	ULS :	in the	Ten	Pe
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	H W	IREC	SUL	E
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	ECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2		
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	fter th	s after death with the State Dept. of Health and Mental Hygiene prior to bunfal, cremation, or removal.	1 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
	DR: A	fter de	90
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIEN REG. NO.					
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DATE		3. TIME OF DEATH			
	BABY BOY 4. SOCIAL SECURITY NUMBER	7	OURAILLE			FEBRUARY 2,1990 3:00					
1	4, SUCIAL SECURITY NUMBER	1 1 M 2 F 0		IF UNDER 1 YEA		FEB. 2, 1	990 M	D.			
OR	9a. FACILITY NAME (If not institution, give to THE JOHNS HOPK)	The second second		BALTI	ORE CIT		9c. COUNTY OF DEATH BALTIMORE				
DIRECTOR	10e. STATE 10b. COUNT Md. BALT	IMORE		TOWN OR LO				10d. INSIDE CITY LIMITS?			
- 1	10e, STREET AND NUMBER	IMORE	DAL	rimore T	10f. ZIP CODE		10g. CITIZEN (1 VES 2 NO			
FUNERAL	108 WEST RING FA	CTORY RD BEI	AIR, MD		21014		U.S.A				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 2 NO	If yes	BECENDENT OF NISPAI specify Cuban, Mexico ES 2 NO Specifi		14. F	ACE — American Indian, Back, White atc. Specify: WHITE			
COMPLETED	15. DECEDENT'B EDI (Specify only highest gradi Elementary/Secondary (0-12) N/A		ATION most of working	16b. KIND OF BU	SINESS/INDUSTF	W					
BE CON	17. FATHER'S NAME (First, Middle, Last) CRAIG LAPOURAIL	LE				ME (First, Middle, Maiden KIMBLE LA		LE			
2	TERI J. DAVIS										
	20a. METHOD OF DISPOSITION 1 Burlet 20 Cremetion 3 Removes from State of the place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 20c. LOCATION — City or Town, State other place)										
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAM	AND ADDRESS OF FA	CILITY					
	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e.Multiple		eni	5	th se cardisc or resp	[es	Approximata Interval Between Onset and Desth I HOUR			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	· Multip	CONSEQUENCE OF	noc	uital	anom	alie	1 Hour			
CERT	resulting in death) LAST	. multig	le ct	mge	nutal	ahou	ralia	HOUR			
PHYSICIAN: MEDICAL	PART II. Other aignificant condition	ns contributing to death b	out not resulting is	the underl	ying cause given in	Pert I. 24e. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)					
HYSI	1 VES 2 NO 27. MANNER OF DEATN	1 Inputient 2 ER/Out		4 🗆 Numing	iome 8 - Residence	e Dother (Specify)	INJURY OCCURE	D			
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1	WORK? YES 2 NO	281. LOCATION (Street					
ETED	3 Suicide 8 Could not be 4 Homicide datermined	building, etc. (Spe	clfy)			City or Town, State)	oral route runner,			
COMPLETED	Control only	SICIAN: To the best of my know IER: On the basis of examination						use(a) and manner as stated.			
TO BE C	29b. SIONATURE AND TITLE OF CHITTE	m~ (.	M.D.		29¢ LICENSE NU	430	≥ 29d. DATE SIG	NEO (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type,	Print)							
	31. DATE FILED (Month, Day, Year) FEB 0 8 1990	32. REGISTRAS SIGN									
		U					-	DHMH-16 Rev 1/89			

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BALTIMORE, MARYLAND 21203-

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).				
	1. DECEDENT'S NAME (First Middle, Last)					2. DATE OF DEATH			TIME OF DEATH		
999	Walter N. L	owry				монты	3 s	90°	2025 p		
	4. social security number 226.03.8038 s. s	6. AGE (In)	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June 27,	1904	County)	ACE (State or Foreign		
TOR	9a. FACILITY NAME (if not institution, give street at St. Agne s Hospi				or Location of Di imore		9c. COUNT	Baltimore City			
DIRECTOR	10a. STATE 10b. COUNTY	timore	10c. CIT	Y, TOWN OR LOCAL					d. INSIDE CITY LIMITS?		
FUNERAL	10e. STREET AND NUMBER 2108 Mosby St.	Ba1t	o. Md.	2120	7. ZIP CODE				T COUNTRY?		
BY	1 Mayor Marriad 2 Marriad	MAS DECEDENT EVER IN U ORCES? 1 YES YES, GIVE WAR OR DATE	2 NO	If yes, sp	CENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specif	NIC ORIGIN? (Specify Yon, Puerto Rican, etc.) y:	e or No- 1	Black, W	American Indien, mile, stc. White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete comp	ege (1-4 or 5+)	6e. DECEDENT'S (Give kind of a life. Do NOT us Port		ON ast of working	16b, KIND OF BI	ntener				
BE CON	17. FATHER'B NAME (First, Middle, Last) Douglas Low ry					ME (First, Middle, Maide tie Tucke					
TO B	19a. INFORMANT'S NAME (Type/Print) Sarah E. Dodson		19b. MAILING		nd Number or Rural	Route Number, City or To	wn, State, Zip C		07		
	20e. METHOD OF DISPOSITION Surfat 2 Cremetion 3 Removal for 4 Donation 6 Other Community	om State 20b. P	LACE OF DISPOS	Hill Ce	metery, cremetory or		ocation — ci				
	21. SIGNATURE OF BUNGAN. SERVICE LICENSE	1		5659	Main St	ciuity Ga			nan F.H.		
CERTIFICATION	interval Between Immediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) LAST										
PHYSICIAN: MEDICAL	Periff	Melle	4		g cause given in	Part I. 24a. WAS A PERFC 1 TYES	N AUTOPSY DRMED? 2 NO	AM CC OF	ERE AUTOPSY FINDINGS BILLABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO		
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		26. P	LACE OF DEATH (CA	eck only one)					
YSI	1 YES 2 NO 1	Inpatient 20 ER/Outpati		4 - Nursing Hon		6 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 - Netural 5 - Pending 2 - Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	IURY W	DRK? ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCU	JRED			
- 8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify,	At home, farm,	street, factory, offic	00	28f. LOCATION (Stree City or Town, State		r Rural Rout	e Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On								nd menner ea stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	7 /	Elm	m	29c. LICENSE NU	MBER 344	29d. DATE	SIGNED (M	onth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEAT	H (ITEM 27) (Type	, Print)							
	31. DATE FILED (Month, Day, Year) 90	32. REGISTRAR'S SIGNAT	UNE Son-Rand	202							

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BALTIMORE, MARYLA

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DIVISION OF VITAL RECORDS, P.O. BOA 13148,	law re	ept. c	23 sl
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	E HO	E P	RTA
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trours after death. Page 6 may b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
	-	- 0	-

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	NR .			CERTII	ICAI	LUI	DEATH	neo	i. NO.				
1. DECEDENT'S N	NAME (First, Middle, Lest) BRI	TTANY		N.			LANGER	2. DATE OF DEA MONTH 1-24-	-90°	YEAR	3. TIME OF DEATH 9:00AM M		
4. SOCIAL SECU	RITY NUMBER	5. SEX 1 M 2 F	6. AGE (in y	rs. last birthday, YRS.	MONTHS	DAYS 25	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y 11/30	bar)	Countr	PLACE (State or Foreign y) Vland		
	ME (If not institution, give rd Memoria		1		96. CITY, TOWN OR LOCATION OF DEATH Havre de Grace					9c. COUNTY OF DEATH Harford County			
RESIDENCE	OF DECEDENT												
10e. STATE Maryl	and Ha	rford			10c. CITY, TOWN OR LOCATION Aberdeen						10d. INSIDE CITY LIMITS? 1 1 YES 2 NO		
10e. STREET AND	D NUMBER					101	, ZIP CODE		10g.	CITIZEN OF V	WHAT COUNTRY?		
21 Pr	itchard Av	enue A-		e ADMED	149	WE 050	21001	IIC ODIOING (Co		U.S.A.			
	led 2 Married	FORCES? 1 IF YES, GIVE W	YES	2 X NO		If yes, sp	ecify Cuban, Mexica 2 17NO Specify	n, Puerto Rican, e		Black	k, White, atc. Hy: ite		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)				Ba. DECEDENT	S USUAL	OCCUPATIO	ON set of working	16b. KIND (OF BUSINESS	/INDUSTRY			
Elementary/Secondary (0-12) College (1-4 or 5+)				Me. Do NOT	use retired.)		N/	A				
17. FATHER'S NA	ME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Middle, I	Maiden Sumam	ne)			
James Allen Langer								Lynn L					
19a. INFORMANT'S NAME (Type/Print) Penny L. Luongo							Ave. A				21001		
1 🔀 Buriel 2 🗆 Cremation 3 🗆 Removal from State 4 🗆 Donation 5 🗀 Other (Specify)					ce of Disposition (Nume of commonly, crematory or place) ford Memorial Gardens 20c. Location — City Aberdeen								
21. SIGNATURE C	THE PROPERTY OF	m M	36 114			Tarri	ng-Cargo Leen, Md.	Funera	1 Home	e, P.A			
shock, or heert fellure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Hypoplastic right heart syndrome DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Othe	PART II. Other significant conditions contributing to death but not					underlyin	ng cause given in	F	MAS AN AUTOF PERFORMED? WES 2 NO	,	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXX YES 2 NO		
EXAMINER?	EFERRED TO MEDICAL	HOSPITAL:			отн		LACE OF DEATH (Ch	neck only one)					
XXX YES 2		1 Inpatient 25			-	_	me 5 - Residence						
27. MANNER OF XXXNatural 2 Acciden	5 Pending	28a. DATE OF (Month, L		28b. 1	IME OF NJURY M	W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE	HOW INJURY	OCCURED			
2 Accident investigation 3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — At home, farr bullding, etc. (Specify)					ı, street, f	actory, offi	e•	281. LOCATION City or Town		mber or Rural	Route Number,		
	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. **MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
4 Homicid	7	and the same of th		and/or investige	lion, in my opinion, death occured at the								
4 Homicid	7	NER: On the basis of e		and/or investige	mon, in m	1000	29c. LICENSE NU	MBER	29d.		D (Month, Day, Year)		
4 Homicid	THE OF CHITE	NER: On the basis of e	mination :				processing as	MBEA	29d.	DATE SIGNE			
4 Homicid	AND TITLE OF CUTTER ADDRESS OF PERSON V	NER: On the bests of e	mination :	'н (ITEM 27) <i>(</i> 7)	pe, Print)		29c. LICENSE NU		•	DATE SIGNE	D (Month, Day, Year)		

	1	P.	
	m.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit the befield within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	
0410	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	he bunal-tr	
DIVISION OF VITAL RECORDS, F.O. BOX 19149, BARTIMORE, MARTICAND 21203-5140	or attendi	or use as t	
A UNIX	ne hospital	detached for	once.
AU IL	ained by th	hould be	iffed at (
E, M	nay be ret	page 5 s	st be not
	. Page 6 r	ral director	iner mu
DAC	after death	y the fune noval.	cal exam
	STHOUTS	filled in b	the medi
10,	rted within	completely ial, cremat	c event,
2	e be execu	sician and prior to bur	traumati
5	h certifical	ending phy Hygiene	or other
,	if the deat	by the atte	/ injury.
200	equires that	on signed	hows am
ME	The law re	ate Dept. o	em 23 s
7	HYSICIAN:	is certifica	ed, or it
	ENDING PI	IR: After th	I Is mark
2	AL DR ATT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	E HOSPITA	E FUNERA d within 7,	RTANT: 1
	H P	TO THE SHE	IMPO

	1 - FOR STATE OF MARYLAND REGISTRAR	DEPAR						YGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Lest) CAMILLE RITA LAFRANCH 4. SOCIAL SECURITY NUMBER 1.5. SEX 3.5. AGE (In 173. In						2. DATE OF MONTH	23	AY 1	990	TIME OF DEATH
	578-58-0492 1□M2√F 78	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF I	3. Spar)	11	Washi	ACE (State or Foreign
TOR	Greater Laurel Beltsville Hospital	Ŀ		ry, town on location of death urel 9c. county of death Prince Ge							
DIFFE	Maryland Charles		bury		ION					1	Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL DIR	P.O. Box 388				20658	_			U.S		AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 FORCES? 1 FYES, GIVE WAR OR DATES			If yee, sp		n, Mexica	NIC ORIGIN? (S in, Puerto Rice y:				American Indian, White, etc.
COMPLETED	(Specify only highest grade completed) ((Elementary/Secondary (0-12) College (1-4 or 5 +)	ECEDENT'S Give kind of ie. Do NOT u	work done i se retired.)	during mo	ON st of worldi	ng		он во	siness/ind	USTRY	
IM I	17. FATHER'S NAME (First, Middle, Last) John Thornton						ine Ro				
TO B	190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 388, Marbury, MD 20658										
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from the Albert Cremetion 5 Office (Specify)	of DISPO	coin	me of cer	netery, crem	natory or			ntwo		laryland
- 2	21. SIGNATURE OF FLAGINAL SERVICE LICENSSE SELVAL	7	22_	rane	CIS C	SS OF FA	h's So e Ave	ns F nue,	uner Hya	al Ho	ome, P.A. Ile, Md.
	23. PART LEnter the disease, or complications that caused the debugk, or heart failure. List only one cause on each line in the cause of each line in the cause or condition resulting in death) a. Bilatlat	Pn	eur			ing, auc	h as cerdiac	or resp	Iratory arr	eat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	Conquetive Heart Facilitie PERFORMED? AM COI								VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO HOSPITAL: 1 Minpetient 2 ER/Outpatient	3 🗆 DOA	OTHEI	Rt:			s Cother (S)	pecify)			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Dey, Year) 2 Accident	28b. TIII		28c. IN.	JURY AT PRK? YES 2		28d. DESCRI		INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At houlding, etc. (Specify)	ome, farm,	street, fac	lory, offic	•		281. LOCATIO City or To	ON (Street own, State		or Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basis of examination and/or										and manner as atated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH AT				29c, LIC	ENSE NU	MBER 0 8		29d. DAT	= SIGNED (I	Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

R. G. BHOJRAJ, M.D. 704 GORMAN

31. DYAFLED/MONTH PROVIDED

SZ. REGISTRAP'S SIGNATURE

JAN DAVIDSON—Handell

DHMN-18 Rev 1/89

MD 20707

LAUREL

AVE

DHMH-15 Rev 1/89

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TALL OD ATTENDING DUVEICIAM: The law requires that the death certificate he executed within
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		1. DECEDENT'S NAME (First, M CARMELA		CASIA LA	CHINA	Δ				2. DATE OF DEAT MONTH January	DAY	YEAR	3. TIME OF DEATH 7:20 p	
	1	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yr	rs. last birthday)	# UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes	1 nr)	8, BIRTHI Country	PLACE (State or Foreign	
3		215~80~6318	hallon oh m		85	ins.	1 01 01774	201101	OR LOCATION OF DE			ICata	nia, Italy	
2, 3 should	DIRECTOR	11728 Emack	Road				Belt			EATH	30 014		George's	
2	E C		Ob. COUNT	Υ		10c. CI	TY, TOWN O	R LOCA	ITION				10d. INSIDE CITY	
t. Pages	듬	Maryland P	rince	e George	's	Be	Itsvil	le					LIMITS?	
permit.	¥	10e. STREET AND NUMBER		_					H. ZIP CODE				HAT COUNTRY?	
	ш	11728 Emack	Road	d					20705		(J.S.A	٩.	
203-3146 or attending physician. use as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES 2	2 X NO	4	f yes, sp	CENDENT OF HISPAI pecify Cuban, Mexica 5 2 NO Specif	n, Puerto Ricen, atc		14. RACE Black Specif	— American Indian, , Whita, etc. 'Y: White	
203-31 attending use as the	8	15. DECED (Specify only h	ENT'S EDU	ICATION	16	in. DECEDENT	S USUAL O	CCUPATI	ION	16b. KIND OI	BUSINESS/IN	DUSTRY		
_ 5	13	Elementary/Secondary (0-12	-	College (1-4 or 5				aunng m	ost of working					
po ed	MPL	6th Grade			l	Housev	vife			Ow	n Hom	е		
A ag ag		17, FATHER'S NAME (First, Midd								ME (First, Middle, Me	elden Sumeme)			
# 2 € €	III	Anthony Ana		ia						.ongo				
MARY retained 5 should notified	2	19e. INFORMANT'S NAME (Typ	,			1			and Number or Rural					
0 9 0	-	Giuseppe La			Tai a				Road, B			207		
ORE ORE		20a, METHOD OF DISPOSITIO 1 Burial 2 Cremetion 4 Donation 5 Own (S	pecify)		off	nt Line	coln (Cem		В	e LOCATION rentwo	od, I	Maryland	
death. funera		* Santa Guile	K	1/50	lish	~	"F	ran 739	cis Gasc Baltimor	h's Sons	Funei Hyatts	ral H	ome, P.A. Md. 20781	
within optetely fille cremation,		23. PART I. Unior the dis- mock, or has IMMEDIATE CAUSE (Fina disease or condition resulting in death)	rt fellure.	Cav	r du	ina.	cw	Pa	re coa	afre			Approximata interval Between Onset and Death	
. O. BOX 131- I certificate be execute Inding physician and o Hygiene prior to buria	TIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disesse or Injury that initiated events resulting in death) LAST	ats G			TO TO CONSEQUENCE		de	fease.	- pru	ma	<i>y</i> i		
S, P. Re death the atter Mental Mental	2	PART II. Other significant	conditio	na contributing to	o death but	not resulting	in the ur	rdarivir	no cause olven in	Part i 24a Wi	S AN AITMES	245	WERE AUTOPSY FINDINGS	
requires that the sen signed by of Health and shows any in	4: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. OSSI 9 Carciuma Vagima - Casso ci aled la Carciuma Buast									MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
N: The law icate has but State Dept.	Ϋ́	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL				,		PLACE OF DEATH (C	heck only one)				
VIT.	SIC	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatio	ent 3 🗆 DOA	4 Nur		me 5 🗆 Rasidence	6 Other (Specify)			
PHYSIC CE With the CE	-	27. MANNER OF DEATH 1 Natural 5 Pr 2 Accident	ending vestigation	25e. DATE O (Month,	Day, Year)		IME DF NJURY M	W	JURY AT ORK? YES 2 NO	28d, DESCRIBE H	IOW INJURY O	CCURED		
ISIO TTENDI TTOR: A after da	LEO .	3 Suicide 8 C	ould not be stermined	28e. PLACE building	OF INJURY — g, etc. (Specify)	At home, farm	, street, fac	lory, offi	ice	26f. LOCATION (S City or Town,	treet end Numb State)	er or Rural F	Route Number,	
DIN AL OR AL DIRE 2 hour	교	cool city	100000000000000000000000000000000000000	The state of the s					te end place, and du				e) end manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: H	BE	29b. SIGNATURE AND HTLE C	Ali	My Joh	Cona	~	Mp		29c. LICENSE NU	MBER 101	29d. DA	29d. DATE SIGNED (Month/Day, Year)		
3)	10	on NAME AND ADDRESS OF Dr. Joseph S	olina	HO COMPLÈTED CAI 9801 Geo:	use of DEATH	ve., S	pe, Print) ilver	: Sp	ring, Ma	ryland 2	0902	/	/	
		JAN 29 9		Fulia De	MALE SIGNATU	Pandell.								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical and

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

PETER W. YIM
31. DATE FILED (Month, Day, Year)

JAN 26 '90

7900

OLD

32. REGISTRAR'S SIGNATURE
Sulia Savidson-Randall

BRANCH

AVE.

FOR STATE REGISTRA	AR	STATE OF	MARYLA		EPARTI					MENTA	L HYGIEI				
1. DECEDENT'S	NAME (First, Middle, Li	est)									OF DEATH			3. TIME OF DEATH	
plivia	Lewis									Hani	lary	25	199	1. 17 PM	
4. SOCIAL SECU		5, SEX	_	In yrs. last b		F UNDER 1 Y		IF UNDE	_	7. DATE	OF BIRTH	-		LACE (State or Foreign	
214-88	-9401	1 🗆 M 2 💢 F	7	6	YRS.	ONTHS D	DAYS	HOURS	MIN.	FEB.	22,	1913		YLAND	
9e. FACILITY NA	ME (If not institution, gr	ve street and number)			9	b. CITY, TO	OWN O	R LOCAT	ON OF D				ATH		
South	ern MD	Hospital	ospital Center				Clinton					Dri	nac	George's	
RESIDENCE	OF DECEDENT											1111	IICE		
MARYLAI		CE GEORGE	Total of the control and the control						10d. INSIDE CITY LIMITS?						
10e. STREET AND		OE GEORGE			ACCO	KEEK								1 X YES 2 NO	
							100	ZIP COD				10g. CIT	IZEN OF W	HAT COUNTRY?	
			E. / P.O. BOX 22				<u></u>	2060				_	ED S		
11. MARITAL STA	ed 2 Married	FORCES?	1 YES	2 ANO	D	If y	es, spe	elfy Cubi	nn, Maxici		I? (Specify Ye Rican, etc.)	s or No-	14. RACE Black,	ACE — American Indian, Black, White, atc.	
3 Widowed		IF YES, GIVE	IF YES, GIVE WAR OR DATES				YES	2 [X NO	Specif	fy:			Specify	Specify: BLACK	
	15. DECEDENT'S	EDUCATION		16a, DECE	DENT'S US	UAL OCCI	UPATIO	IN .		185	KIND OF BI	ISINESS/BJ	DUSTRY	DLACK	
	(Specify only highest g	rade completed) College (1-4 or 5		/Ghm	kind of work	ir niona duri	ing mo	st of worki	ing	1	C TOTAL OF DE	201112007411	5001111		
6TH GRA		NONE		HOUSE	WOR	K				PR	IVATE				
17. FATHER'S NA	ME (First, Middle, Last)							18. MOT	HER'S NA		Viddle, Maide	Sumame)	-		
HENRY I	LEWIS							EST	FLLI	E BLA	TR				
19a, INFORMANT	'S NAME (Type/Print)			19b. I	MAILINO AD	DORESS (S	Street a				ber, City or To	vn. State. Zi	o Code)		
MARY M.	LEWIS). во							2060	_		
20a. METHOD OF	DISPOSITION		20b.	PLACE OF	DISPOSITI	-	_			1111(1	_		City or Toy	m. State	
	Cremation 3 F	lemoval from State	1 -074	RIST)					FM.				RYLAND	
-	OF FUNERAL SERVICE	преняте /	- /	1	DI IU	7			SS OF FA		INCO	ORGER	, runi	CILAND	
134	au C.	Mounts	Les of	491	201	1									
6		ORNTON JOH	-											EY, MARYLAN	
23. PART I. Er	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one ceuse on each line.								Approximate interval Between						
IMMEDIATE C			·						Onset and Death						
disease or co		severe	severe atherosclerotic coronary heart disease							years.					
		DUE TO	DUE TO (OR AS A CONSEQUENCE OF):												
Sequentially in	ist conditions,	- CARDIC	GENI	IC S	HOCK									DAYS.	
	to immediate	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):												
CAUSE (Disea	se or Injury	- MASSIV	E BI	CONSEQUE	TRIC	ULAI	R_C	ONG	EST	IVE	HEAR	T FA	ILUF	E. DAYS.	
that initiated or resulting in de		JOE IC	/ (ON AS A	CONSEGO	ENCE OF).										
		- d.RIGHT	BASI	ILAR	PNE	UMOI	NI'I	IS.	-					DAYS.	
PART II. Other	significant condi	tions contributing to	death bu	ut not res	ulting in	the unde	rlying	csuse	given in	Part I.	24a, WAS A			WERE AUTOPSY FINDINGS	
SECON	ID DEGRE	E AV HEA	RT E	3T ₁ OC1	K WT	тн и	ИΟБ	ВТТ	17. T	YPE	THVE	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
		iciency,									A 160	2 140		OF DEATH?	
disea	se with	deforme	d kr	166	ioin	te e	2XC	gen	0116	Ohe	eitsz			1 YES 2 NO	
1	FERRED TO MEDICA		111		70111		_			heck only or		•			
EXAMINER?	NO	HOSPITAL:	□ EB/Outo	ediam 2 🗆		THER:									
27. MANNER OF		28a. DATE O			28b. TIME C		_	URY AT	ealdence	6 Othe	CRIBE HOW	INJURY OC	CHRED		
1 Natural	5 Pending		Day, Year)		INJUR	Y	WO	RK7 ES 2	□ NO		VOI.11011		001120		
2 Accident 3 Suicide		28e. PLACE	OF INJURY	— At home	, farm, stre					28f. LOC	ATION (Street	and Numbe	v ov Rumi Br	nute Alumber	
4 Homicid	6 Could not determine	building	, atc. (Speci	:#y)		.,				City	or Town, State)	- ar entrus l'Il	rest restriction,	
29a. CERTIFIER	. 1				-										
(Check only one)		HYSICIAN: To the best of													
			ARTHRETION	and/or inv	vatigation,	in my opir	non, d	eath occu	ired at the	time, date	and place, a	and due to t	ne cause(a)	and manner as stated.	
29b. SIGNATURE	AND TITLE OF CERT	FIDI						29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Ybar)	
	HETEL G	AM X	MO					D	128	84			Jan.	25 1990	
30. NAME AND A	DDRESS OF PERSON	WHO COMPLETED CAL	ISE OF DE	ATH (ITEM :	27) (Type, Pr	int)									

DHMH-16 Rev 1/89

SUITE 101, CLINTON, MARYLAND

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTRAI
13	ecedent's N. Lorett

	1 - STATE REGISTRAR	SINIE OF I	CE		ICATE O			REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATN			3. TIME OF DEATN
1	Loretta M. Leasu	ire						1-20-90°	N	YEAR	6:00 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
	214 05 6560	1 M 2 F	81	YRS.	MONTHS DAY	HOURS	MIN.	(Month, Day, Year) 051808		MAR	YLAND
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCAT	ION OF DI	EATN	9c. COU	INTY OF DE	EATN
DIRECTOR	Frostburg Commu	inity Hos	pital		Fros	tburg			A11	egan	У
SEC	10s. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION					10d, INSIDE CITY
	MD All	egany		.(Cumber1	and					1 XYES 2 NO
AL	10e. STREET AND NUMBER					101. ZIP COD	E		10g. CIT	IZEN OF W	HAT COUNTRY?
EH.	408 Willowbroo					2:	1502	S	U	.S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDED FORCES? 1 IF YES, GIVE 1	NT EVER IN U.S. ARI I YES 2 N WAR OR DATES	MED	If yes.		an, Mexica	NIC ORIGIN? (Specify Yes an, Puerto Rican, stc.) ly:	or No—	14. RACE Black Specif	, White, etc.
	15. DECEDENT'S EDI	ICATION	18a DE	CEDENT'S	USUAL OCCUP	ITION		18b. KIND OF BUS	INESS/IN	DUSTRY	WILLE
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(GI	ve kind of	work done during se retired.)		ng	IOU. KIND OF BOS	MAEGGAM	DUSTRE	
PL	6	conede (1-4 or 3		USEW	FET			HOUSE	MEE		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		1 110	ODL		10. MOT	NER'S NA	ME (First, Middle, Maiden			
BE C	JOHN LEASURE					SA	RAH	(UNKNOWN)			
TO 8	19s. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Stre			Route Number, City or Town	n, State, Zi	p Code)	
F	PALMER ADAMS		R	FD#	1 BOX#	75 Z	LAV	ALE, MARYL	AND	2150)2
	20s. METHOD OF DISPOSITION 1 X Burisl 2 Cremation 3 Ren	novat from State			SITION (Name of		matory or			- City or To	
	4 Donation 5 Other (Specify)		_ GREEN	MOUN					BERL	AND N	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	H		SIL		RRIT	T FUNERAL			
	23. PART I. Enter the diseesea, or	complications the	st ceused the de	ath. Do	not enter the	DECAT	UR S	TREET CUMB	FRI A	ND, A	Approximate
	ahock, or heert fellure.	Liet only one cer	uae on eech iina								Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	R	lateral	P	no felan		t. a ·				2 days
	resulting in death)	DUE TO	OR AS A CONSEC	DUENCE C	F):	ACT TO	~(0			-	1001
z		. (255	a	Mun Pi	TIME					
CERTIFICATION	Sequentially flat conditions, If any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE C	P):						
S	CAUSE (Disease or Injury	c									
E	that initiated events resulting in death) LAST	OUE TO	OR AS A CONSEC	DUENCE C)F):						
H	Toomany in doddiny Enter	d									
	PART II. Other significent condition									24b.	WERE AUTOPSY FINDINGS
DICAL	Shock an	is Ren	ere f	typ	rlin 81	m de	hyd.	TATAL PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
MEC	Pash 8	hoke	and	0.4	Dei n	·	0				OF DEATH? 1 YES 2 NO
ä	disender.	Der	nentia		. 0	Ed a	age				
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF	DEATN (CA	heck only one)			
Sic	1 TES 2 THO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER: 4 Nursing I	lome 5 🗆 R	saldence	8 Other (Specify)			
PHYSICIAN: ME	27. MANNER OF DEATH	28s. DATE Of (Month, i	F INJURY Day, Year)	20b. TII	ME OF 28c.	TA YRULNI WORK?		28d. DEŞCRIBE NOW I	NJURY OC	CURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation				M 1	YES 2	□ NO				
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE 6 building	OF INJURY - At ho i, atc. (Specify)	me, ferm,	street, factory, o	ffice		281. LOCATION (Street (City or Town, State)		or or Rural R	loute Number,
ETE											
F								s to the cause(s) and mer			
COMPLETED	2 MEDICAL EXAMIN	ER: On the basis of s	examination and/or i	Investigati	on, in my opinio	n, death occu	rrad at the	time, data and place, an	d dus to t	the cause(s)) and manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIE	B ()	11		. ^	29c. LIC	ENSE NU	MBER	29d. DA	TE SIGNEO	(Month, Day, Year)
TO 8		209	andh	rr	6/1	10	141	4-64	•	1/2	111770
	30. NAME AND ADDRESS OF PERSON W		· ·								
	Dr. S. Lal Sand	thir 48	Tarn Ter	race	Fro	stburg	L. MC	2153	12		
	31. DATE FILED (Month, Day, 1687) 1AN 2 2 1990	gille Var	AR'S SIGNATURE	E.							
	JAN N A 1300	0									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within evours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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death	fund		жэп
after	y the	noval	cal
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	filled	on, c	he n
thin	etely	emati	F, t
M pa	dmo	al, cm	eve
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Sertif	ing p	ygien	5
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ME	IS De	ept.	23
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6 P	er th	ath w	nark
NON	R. Aft	or dea	8
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DA	DIRE	hour	Hem
TAL	RAL	27	=
400	JUNE	vithin	AN
뿔	THE 8	iled y	NO.
2	5	2	IME

George Breza, M.
31. DATE FILED (Month, Day, Year)

JAN 2 3 1990

M.D.,

								90	03491
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL HYGIEN REG. NO	E		
	1, DECEDENT'S NAME (First, Middle, Last) GEORGE M	GEORGE MI	CHAEL	LAVIN		2. DATE OF DEATH	%o	ZEAR 3.	G:08 P.
	213-09-9876	. № 2 □ F 87	in yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Year) 6/4/02		Country)	ACE (State or Foreign
5	96. FACILITY NAME (If not institution, give street FROSTBURG, VILLAC RESIDENCE OF DECEDENT		HOME	1	TBURG	EATH .	ALL	EGAN	
DINECTOR	10a. STATE 10b. COUNTY MARYLAND ALLEG	ANY		TROSTBU	No. 1	(ECI	KHART		Od. INSIDE CITY LIMITS? YES 2 XNO
141	100. STREET AND NUMBER				21532		10g. CITIZE	N OF WHA	AT COUNTRY?
DI LUNERAL		Never Merried 2 Merried FORCES? 1 YES 24				NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	S . A . Black, V Specify:	- American Indian, White, etc.	
	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondery (0-12)		18e, DECEDENT'S (Give kind of life, Do NOT (ON ost of working	16b. KIND OF BUILD		ITRY	WIIII
Ш	17. FATHER'S NAME (First, Middle, Lest) JOHN LAVIN					ME (First, Middle, Meiden BECCA FOI			
2	190. INFORMANT'S NAME (Type/Print) ANNA MARY BLANK		RT. 3	BOX	329, FRO		1D 21	532	
	20s. METHOD OF DISPOSITION XIXBurial 2 Cremetion 3 Ramova 4 Donation 5 Other (Specify)	from State	cher place)	CEMET		I	ROST		
	21, SIGNATURE OF FUNERAL SERVICE LICEN	M.Sowe	as /		ERS FUNI	ERAL HOME	60 TOSTB	-	MAIN ST. MD 215
	23. PART I. Enter the diseases, or con shock, or haert failure. Lis IMMEDIATE CAUSE (Final	nplications that caused it only one cause on se	tha death. Do	not enter tha m	ode of dying, suc	h as cardiac or resp	iratory arres	it,	Approximata Interval Betwee Onset and Deal
	disease or condition resulting in death) s	DUE TO (OR AS A	CONSEQUENCE	a): Jar	luy.				5 years
NO INCIDENTIAL OF THE PART OF	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A		•		10			20 years
	resulting in death) LAST								+
	PART II. Other significant conditions of	contributing to death be	ut not resulting	in the underlyi	ng cause given in	Part I. 24e. WAS AN PERFOI	RMED?	0	TERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 NO
		1OSPITAL:	ettlent 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch				
5	27. MANNER OF DEATN 1.1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY 28e. PLACE OF INJURY		M 1	JURY AT ORK? YES 2 NO	28d, DESCRIBE HOW 28f, LOCATION (Street			da Naembar
	4 Homicide determined	building, etc. (Spec	elfy)			City or Town, State,		141411100	, and the same of
2000	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowl On the basis of examination							and manner ee stated.
DE C	296. SIONATURE AND TITLE OF CERTIFIER	~ 10			29c LICENSE NUI	MBER 32	29d. DATE :	SIGNED (N	forth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (7)/1	oe, Print)			1	1	

, Braddock Medical Group, 912 Seton Drive, Cumberland,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

-	FOR STATE REGISTRAR	STATE OF N				OF HEALTH AND I		HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, CEDHAS	THOMAS			ESTEI			9-90		EAR	5:30AM M	
i	4. SOCIAL SECURITY NUMBER 217-38-0971 90. FACILITY NAME (# not institution,	5. SEX 1 ∑ X 2 □ F	6. AGE (In yrs. le	YRS.	F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Vear APRIL 18				1940	Country) VIR	CE (State or Foreign	
TOR	15808 St. Tho			R MARLBORO	EATH		Prin		eorges Co.			
DIRECTOR	10a. STATE 10b. C	OUNTY INCE GEORGE	' S		ER MA	ARLBORO		10d. INSIDE CITY LIMITS? 1 \sum YES 2 \sum NO				
FUNERAL	100. STREET AND NUMBER 15808 ST. THOM	06. STREET AND NUMBER 15808 ST. THOMAS CHURCH ROAD					10f. ZIP COOE 20772					
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced 12. WAS DECEOENT EVER FORCES? 1 N YES IF YES, GIVE WAR OR C				H)	AS OECENOENT OF HISPAN rea, specify Cuban, Maxica YES 2 X NO Specify	n, Puerto Rici			Black, Wi Specify:	American Indian, lita, etc.	
COMPLETED	15. OECEOENT' (Specify only highest Elementary/Secondary (0-12)	S EDUCATION grade completed) College (1-4 or 5 -	S	ECEOENT'S Give kind of w e. Do NOT us	rork done du	CUPATION ring most of working	18b. Ki	ND OF BUSI	NESS/INDUS	TRY		
	11TH GRADE		IR	ON WO	RKER			400	NION ;	#5		
	17. FATHER'S NAME (First, Middle, Le UNKNO	nie.				18. MOTHER'S NA			umame)			
BE	19a, INFORMANT'S NAME (Type/Print		.1	9b. MAILING	ADDRESS (MARTHA Street and Number or Rural F			State, Zip Co	rde)		
2	NANCY L. LESTE	R		15808	ST T	ST THOMAS CHURCH RD., UPPER MARLBORO, MD 20772						
	20b. PLACE OF DISPOSITION (Name of cometery, crematory or 1 W Burtisl 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) ST. THOMAS EPISCOPAL CHURCH CEMETERY, CROOM, MARYLAND											
	21. SIGNATURE OF FUNERAL SERV	CE LICENSEE	4		22. N/	ME AND ADDRESS OF FA	TH	E HUN	TT FUI	NERAL	HOME, INC.	
NC	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute oue to	VARCOTION DE LO COR AS A CONSI	C AND TOXIC	ation	HOL INTOXIC	ATION				intarval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other significant con	ditions contributing to	death but not	resulting i	n the und	erlying cause given in	v	24a. WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXES 2 \(\) NO	
AN	25. WAS CASE REFERRED TO MEDI					26. PLACE OF OEATH (Ch	eck only one)					
SE	EXAMINER?	HOSPITAL: 1 inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER:	ng Home 5 Rasidence	8 🗆 Other (Specify)				
BY PH	27. MANNER OF OEATH 1 Natural 5 Pending		INJURY	28b. TIM 90 5:	30AM	1 Sec. INJURY AT WORK?		NKNOW	JURY OCCUP	REO		
	2 Accident Investigation 3 Suicide X Could not be datermined 28a. PLACE OF INJURY — At home, farm, building, etc. (Spec/ly)					street, factory, office 281. LOCATION (Street 1580 8 m., Stell)				end Number or Rural Route Number, Thomas Church Rd.		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. PLINCE GEOLOGS COUNTY, MATYIAN One) XXX MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
TO BE C	296 SIGNATURE AND TITLE OF CE	BLIEFICA	A ()				MBER		29d. DATE S	1-19	orth, Day, Year)	
=	MARIO F. GOL	LE, JR., MD	V	#M 275 (%pe,		Penn Street	.Balt	imore	,MD 2	1201	VC	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	Bando	2							

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wouns after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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M	AL	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	1
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1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF H	EALTH AND I		HYGIENE REG. NO.			
1. DECEOENT'S NAME (First, Middle, Last) RUTH A		LONG		2. DATE OF	T DEATH DAY	9ď.	3. TIME OF DEATH 0850 AM		
4. SOCIAL SECURITY NUMBER 171-07-4656 90. FACILITY NAME (If not institution, give a	1 🗆 M 2 🔀 F	87 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		18,19	02 E	IRTHPLACE (State or Foreign ountry) PENNSYLVANTA	
NORTH ARUNDEL HO			GLEN B	R LOCATION OF DI	EATH		A.A.	COUNTY	
100. STATE 100. COUNT MD a A	A. CO.		TLLERSV					10d. INSIDE CITY LIMITS? 1 XYES 2 NO OF WHAT COUNTRY?	
899 CECIL AVE			101	21108				S. A.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YOU IF YES, GIVE WAR OF	S 2 X NO	If yes, spe	NDENT OF HISPAI city Cuben, Mexica 2 NO Specif	en, Puarto Ric				
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life Do NOT use	rk done during mo retired.)	N It of working	16b. K	IND OF BUSH	DUSINESS/INDUSTRY		
17. FATHER'S NAME (First, Middle, Last)		HOUSE	VIFE	18. MOTHER'S NA	ME /First Min	AT Making S	HOME		
JAMES E.	WOODS			RAC	ille in The		COWFER		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural					
IRENE STILLMAN	N	536 I	EDNOR RI	o, SILV	ER SPI	RING.	MD. 20	905	
20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem 4 Donellon 6 Other (Specify)	oval from State	other place) CHAMBI	ERS CRI 22. NAME AN	EMATORY D ADDRESS OF FA		RIV	ERDALE		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	o. OUE TO (OR A	S A CONSEQUENCE OF:	SEPSIS ACUTE (ry e	TITIS	37		1-2 DAY	
PART II. Other significant condition CORONARY CONGR	ARTERY FIRE LINA	but not resulting in DIS.	the underlying	cause given in		44. WAS AN AN PERFORM	ED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C)					
1 YES 2 XXNO 27. MANNER OF DEATH	1 % Inpatient 2 □ ER/C			5 Reeldence			JURY OCCURE	0	
1 Natural 5 Pending Investigation	(Month, Day, Yea	r) INJUI	M 1 🗍	RK7 ES 2 NO	200.0200	THE THE THE	John Godding		
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, str pecify)	eet, factory, offic		281. LOCAT City or	TON (Street en Town, State)	d Number or Re	ural Route Number,	
	ICIAN: To the best of my kr							use(e) end manner as stated	
296. SIGNATURE AND TITLE OF CERTIFIE	bo-ftds	Hung	-M.O	29c. LICENSE NU				NED (Month, Day, Year)	
PO-HSLU HUNG, M.		PITAL DRIV		E 108	GLEN B	URNIE	MARY	LAND 21061	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S						,		

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